

Ab
[Redacted]

NEW HIRE Effective Date _____
Position _____ Pay Rate \$ _____ Per _____ (hr/biweekly)
Department _____ Expected number of hours to be worked for IMRF _____
Classification Introductory Regular full-time Part-time Temporary
 I9 Form(attach) Tax Withholding status (attach IL & FEDERAL 2020 W-4) Single Married

PAY/BENEFIT CHANGE(S)

Effective Date 7-10-2022

Rate of Pay From: \$ 28.37 Per Hour Bi-Weekly Year
To: \$ 28.91 Per Hour Bi-Weekly Year

- Benefits Change(s) (attach appropriate forms) Health Dental Short Term Disability Long Term Disability Life
- Position/Title Change From: _____ To: _____
- Change in tax exemptions – Attach new W-4
- Change Marital status: Single Married Divorced Death of spouse
- Dependents: Add Delete Name(s)/Relationship: _____
- Address/phone change: Old: _____
New: _____

TERMINATION OF EMPLOYMENT

LAST DATE WORKED _____

- Quit with Notice Quit without Notice Laid Off Terminated

Additional Notes/Comments:

Eligible for Rehire: Yes No

EMPLOYEE SIGNATURE: [Redacted Signature]

DEPARTMENT HEAD SIGNATURE: