



EMPLOYEE REHIRE FORM

Client Name: _____

Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SS #: _____ Date of Rehire: _____

Current Worker's Comp Code (**required**): _____

Current Pay Rate: _____

If the employee is being rehired **within 6 months** of the original date of hire, please include the following with the submission of this Employee Rehire Form:

- A New W-4 Form is required if there is a change in exemptions
- A New Direct Deposit Form and Voided Check are required to reinstate Direct Deposit

If the employee is being rehired and it has been **more than 6 months** of the original date of hire **OR change of year**; a complete new employee enrollment will be required, along with a new copy of valid ID's.

Please return this form to your payroll processor before your employee's first day back to work.

Manager Signature

Date