



NEW HAVEN
ASSISTED LIVING & MEMORY CARE
Serving TX Since 2013



**Fairhaven
Denton**
HAPPINESS LIVES HERE



New Hire / Rehire Request Form

REQUEST DATE: _____

New hire Rehire

1. Personal

FIRST NAME: _____

LAST NAME: _____

PERSONAL EMAIL: _____

PERSONAL MOBILE: _____

2. Employment

HIRE DATE: _____

LOCATION: _____

REPORTS TO: _____

JOB TITLE: _____

WORKER CATEGORY: Full-Time Part-Time PRN

SUPERVISOR POSITION: Yes No

WORK EMAIL (IF APPLICABLE): _____

3. Payroll

FLSA: Exempt (Salary) Non- Exempt (Hourly)

HOURLY RATE: _____

BI-WEEKLY AMOUNT PER CHECK: _____

4. Time & Attendance

Is this employee a House Manager that should be assigned to a special access group so that they are able to create and assign schedules? Yes No