

STAR NEW HIRE PAY NOTICE

YOU SHOULD REVIEW AND RETAIN THE FOLLOWING INFORMATION AND CONSIDER THIS INFORMATION FORMAL NOTICE PURSUANT TO PENNSYLVANIA STATUTE TITLE 43 SECTION 260.4

Employee Name & Number: _____

Department & Job Title:

Regular Paydays: Bi-weekly on Friday after 3 pm

Place / Method of Payment:

Rate of Pay:

If full time (30 PLUS HOURS PER WEEK) you will be eligible for benefits on:

Other:

I have read and understand all the above provisions and agree to the same. I also acknowledge that I have received a copy of this New Hire Pay Notice upon signing it.

Signature: _____ Date _____

Witness: _____