



**New Hire / Title and Salary Request**

**(To be used for an already cleared staff being hired by a new participant)**

Name of Participant: \_\_\_\_\_

Participant contact information: \_\_\_\_\_

Name of New Hire: \_\_\_\_\_

New Hire email: \_\_\_\_\_

Date Started Working: \_\_\_\_\_

Title: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

**Form must be submitted 2 weeks prior to the first pay date otherwise Staff might not be paid until the following pay date.**

\_\_\_\_\_  
Signature of Participant or Designee/ Date

\* This form can be faxed to 845-794-8168 or 631-532-1633 or you can email the form or the information requested in an email to [hr@issny.org](mailto:hr@issny.org)

\_\_\_\_\_  
For HR use only

Date received: \_\_\_\_\_

Date entered into payroll system: \_\_\_\_\_