

HR Form for Company

Employee Information

Employee Name: _____

Department: _____

Position: _____

Date of Hire: _____

Work Status

Full-time Part-time

Contract Temporary

Compensation Details

Base Salary: _____

Hourly Rate: _____

Bonuses (if applicable): _____

Commission (if applicable): _____

Other Benefits: _____

Work Schedule

Days of Work: _____

Hours of Work: _____

Supervisor Information

Supervisor Name: _____

Contact Number: _____

Additional Notes

Signature

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____