

CATAWBA COUNTY EMPLOYEE DATA SHEET

☐ New Hire/Rehire

☐ Name Change (Prior name: _____)

☐ Address Change

☐ Other Changes: (_____)

Name _____

Employee ID _____

Mailing Address _____
Street City State/Zip

Physical Address _____
Street City State/Zip

DOB _____

Marital Status: _____

Phone: Home _____

Sex _____

Cell _____

RACE/ETHNIC GROUP: (Choose one.)

☐ White/Caucasian (Non Hispanic)

☐ Black/African-American (Non Hispanic)

☐ Asian (Non Hispanic)

☐ Native Hawaiian or Other Pacific Islander
(Non Hispanic)

☐ American Indian or Alaska Native (Non Hispanic)

☐ Two or More Races (Non Hispanic)

☐ Hispanic (Cuban, Mexican, Puerto Rican, Central or
South American, or other Spanish culture regardless of race)

Notify in Emergency:

Name: _____

Relationship: _____

Phone: _____

home

Address: _____

work

cell

Health Insurance Marketplace Coverage Notice: _____

Date Issued

Employee Signature

Date

Department Use Only

Date of Employment _____

Termination Date _____

Job Title _____

Job Title _____

Department _____

Department _____

Starting Salary \$ _____

Ending Salary \$ _____

Sick Leave Balance _____ hours

Annual Leave Balance _____ hours

Sick Leave transferred _____ hours

Annual Leave paid _____ hours

Transferred to _____

Date _____

Date _____

Revised Mar 2016