



NOTES TO FMS OF NEW EMPLOYEE

MAIL TO:

TRACY STEIN MANAGEMENT SERVICES, INC.
PO BOX 580631
ELK GROVE, CA 95758

COMPLETE EMPLOYEE PACKET MUST ACCOMPANY THIS FORM

THIS FORM SHOULD BE SENT TO YOUR BROKER OR SERVICE COORDINATOR BEFORE SENDING YOUR NEW EMPLOYEE PACKET TO TSM. YOU ARE ASKED TO DO THIS TO INSURE CORRECT GOAL NUMBER HAS BEEN ENTERED ON LINE #7 OF THIS FORM. AFTER THE BROKER OR COORDINATOR HAS SIGNED OFF ON THIS FORM IT IS MAILED TO TSM ALONG WITH THE COMPLETE EMPLOYEE PACKET INCLUDING ALL THE REQUIRED DOCUMENTATION.

1) _____
JOB TITLE

2) _____
HIRE DATE STARTING DATE

3) _____
EMPLOYEE NAME

4) _____
ADDRESS/LOCATION

5) _____
CO-EMPLOYER NAME AND NUMBER

6) HOURLY RATE OF \$ _____ PER HOUR FOR NON-EXEMPT AT-WILL EMPLOYEE HIRED UNDER WAGE ORDER 15

7) WAGES PAID SHOULD BE ASSIGNED TO GOAL NUMBER _____

8) WOULD YOU LIKE TMS TO CALL YOU WITH THE RESULTS OF YOUR BACKGROUND CHECK? YES NO

COMMENTS:

CO-EMPLOYER NAME: _____
PHONE NUMBER DATE

SERVICE BROKER OR COORDINATOR: _____
DATE