

# EMPLOYEE REACTIVATION FORM

Thank you for your continued interest in working for Restoration and Specialty Services Inc.

This request form is valid only for 90 days from termination date. Thereafter, a completed new hire packet is required.

Rehired employee is treated just like a new hire and will use their re-hire date as the starting date for their introductory period required before Paid Time Off (PTO) accrual. Prior service will not count toward PTO accrual.

**Request Date:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Employee SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Termination Date:** \_\_\_\_\_ **Original Hire Date:** \_\_\_\_\_

**Reactivation Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Employee Status:**  Full Time  Part Time  Temporary

**Pay Rate:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Check here if no changes to previous payroll information provided for reactivated employees.

If your bank account has changed, attach voided check from checking account or document from bank with your name and bank account typed for payroll direct deposit.

If you had any changes in Allowances, Extra Withholding, Federal Filing Status, State Allowances, State Extra Withholding, State Filing Status, please attach new Federal and State Tax Forms. If name, address, phone, tax deduction choices, direct deposit, and personal information haven't changed, returning employees do not need to complete these.

**ATTACHED:**

- W-4  Copy of Social Security Card  I-9  
 State Tax Form  Direct Deposit Authorization  Voided Check or Bank Document

I verify that this information is correct:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR/Payroll Manager: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_