



FIRE DISTRICT ENROLLMENT FORM

Employee Name - First	Middle	Last
Employee Number	Effective Date	District

Address	City	State	Zip	Home Phone No.
Emergency Contact				Contact Phone No.

Social Security No. _____

Federal Withholding Status (attach W-4)*

Married
 Single
 Married @ Single Rate

Federal Withholding Exemption(s) _____

Additional Withholding per Pay Period _____

Wage Rate Per

Hour _____ Meeting _____
 Month _____ Call _____

If employee has multiple hourly rates, enter lowest here and list others under, "Comments"

Home Fund _____

Home Cost Center/Department _____

Date Started _____

Date of Birth _____

Gender **Female** **Male**

Job Title _____

Work Site _____

Supervisor _____

Employment Security
 Covered (001)
 Not Covered (007)
 SOC Code _____

Social Security
 Covered Not Covered

Position

Non-Union	Union	Elected
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Health & Welfare Benefits*

Type of Benefit	Code	Type of Benefit	Code
Medical	_____	Other: _____	_____
Dental	_____	Retirement	_____
Vision	_____	PERS 2	PERS 3
Life	_____	LEOFF 2	No Retirement
Life Dependand	_____		

Deductions*

	Code	Amount Deducted	Effective Date
Dues:	Initaition	_____	/month _____
	Monthly	_____	/month _____
Deferred Compensation	_____	_____	/month _____
Financial Institution	_____	_____	/month _____
United Way	_____	_____	/month _____
Other:	_____	_____	/month _____

**Attach Appropriate Forms*

Workers Comp. Codes:

1501 Field & Other	5306 Office & Admin/ Commissioners	6904 Career Fire Fighter	9999 Volunteer Fire Fighters "BVFF Coverage"
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Comments:

Commissioner	Date	Prepared By	Date
Commissioner	Date	Input By	Date