

# OrthoNebraska Employee Data Sheet

## Employee Information

<b>Name: (First Name Last Name)</b>		
<b>Social Security #</b>		
<b>Address:</b>		
Street _____		
City _____	State _____	Zip _____
<b>Phone Numbers:</b>		
Home: _____		Cell: _____
<b>Birthdate:</b> _____	<b>Sex:</b> _____	<b>Ethnicity:</b> _____

<u>Completed by HR Only:</u>	
Clinical	Non – Clinical
<b>OrthoNebraska Hospital :</b>	<b>OrthoNebraska Clinics :</b>
6120 Med/Surg 6130 Surgery 6131 Pre/Post Op 6150 Sterile Proc 6260 Imaging 6270 Pharmacy 6280 Infusion 6340 PT/OT`1 6345 Inp PT 6350 Sports Med 6420 IT 6450 Info Security 6740 ED 7510 Plant 7520 Purchasing 7550 Pt. Access 7560 HIM 7570 Pre-Admit 7580 Analytics 7590 Accounting 7600 PFS 7610 Marketing 7620 Admin 7630 HR 7640 Quality 7650 Perf Improve	OMB Bellevue Council Bluffs Fremont Nebraska Med #409

## Emergency Contact Information

<b>Name:</b> _____	<b>Relation:</b> _____
<b>Address:</b>	<b>Contact Number(s):</b>
Street: _____	Primary: _____
City _____ State _____ Zip _____	Secondary: _____

## Direct Deposit Information

Routing #	Account #	Account Type	Amount
		Checking / Savings	
		Checking / Savings	
		Checking / Savings	

## Completed by HR Only:

### Position Information

Start Date:	Position Title:		
Position #:	Days	Nights	Pay Rate:
			FTE:

### W-4 Information

Allowance Status: Single / Married / Married at Single Rate	Federal W/H:	State W/H:
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