

EMPLOYEE REHIRE FORM

Client ID: _____ Client Name: _____

Employee Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Date of Rehire: _____ Seniority Date: _____

WC Code (required): _____ Location: _____ Pay Rate: _____

Department #: _____ Position Title: _____

Was E-Verify performed on this employee with an Employment Authorized result within the last 3 years? (select N/A if you are not an E-Verify employer) Yes No* N/A

Full-Time

Part-Time

Exempt

Non-Exempt

A new W-4 form is required if there is a change in exemptions.

If the employee is being rehired within three years of the date that a previous Form I-9 was completed, the employer has the option to*:

1. Complete a new Form I-9 OMB No. 1615-0047- Expires 07/31/2026 - Edition date 08/01/2023. We are unable to accept any versions prior to 08/01/2023.
2. Complete Form I-9 Supplement B, Reverification and Rehire (formerly Section 3).

*A new Form I-9 must be completed if any of the following apply: (1) FrankCrum does not have a copy of the original I-9 on file, (2) it has been more than 3 years since the original Form I-9 was completed or, (3) E-Verify has not been performed for this employee with an Employment Authorized result within the last 3 years (only applicable for E-Verify employers).

Under no circumstances will FrankCrum pay wages earned prior to the date in which FrankCrum receives the rehire paperwork and accepts, in writing, the employee as a rehired Leased Employee. The client is solely liable for any wages earned prior to FrankCrum's acceptance, in writing, as a rehired Leased Employee and for all claims incurred including, but not limited to, any workers' compensation insurance, all benefits, wages, and all claims, penalties, taxes, or other obligations that arise out of or relate to any of the foregoing.

Client understands that compliance with any applicable E-Verify/Employment Eligibility laws, as well as I-9 compliance and retention requirements for same, resides solely with their business as direct employer. If you have any questions about E-Verify/Employment Eligibility or Form I-9 compliance requirements that may apply to your business, please contact us for assistance.

Client Signature: _____ Printed Name: _____ Date: _____

INTERNAL USE ONLY

Processed by: _____	Date: _____
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