Coastal
MARINA MANAGEMENT

UKG
Our purpose is people

Payroll Onboarding Form

Employee to Complete:

Employee Legal Name: _____ Start Date:_____

Date of Birth: _____ SSN:_____

Street Address: _____

City:_____ State:_____ Zip:_____

Cell Phone: _____ Email: _____

Manager to Complete:

Immediate Supervisor:_____

Position: _____ Employment Type:_____

Salary:_____ Hourly Rate: _____

Hiring Manager Signature:_____ Date:_____

HR to Complete:

Onboarded in UKG:_____ Background Check Recieved: _____

E-Verify Completed:_____ CMM Census:_____

Benefits Enrollment Approved: _____

HR Signature: _____ Date:_____