



Temporary Employee Paycheck Process

**Please scan application, W-4 and I-9 to Human Resources,
HR@STXHealthcare.com**

Office _____

Date _____

Manager _____

Time of fax _____

First Time Temporary

Name of applicant: _____

First time temporary or if temp has not worked at STD in over 3 months, please attach the following:

Check

- 1. STD Time Report _____ (Scan timesheet to Payroll@STXHealthcare.com)
- 2. STD Application _____
- 3. W-4 _____
- 4. Employee Equal Opportunity (EEO) _____
- 5. I-9
 - ____ A. Picture I.D. _____
 - ____ B. S.S. card, Visa, Passport or birth certificate _____

Returning Temporary

1. Name of applicant: _____

Check

- 2. STD Time Report _____ (Scan timesheet to Payroll@STXHealthcare.com)

Note: If any of these documents are missing or if the complete packet is received after the payroll cut-off deadline, the temporary will not be paid until the next pay period.