|  |  |  |  |
| --- | --- | --- | --- |
| **New Employee Salary Confirmation Form** | | | |
|  | | **Date\*：** | |
| **Employee Name\*** |  | **Department\*** |  |
| **Salary Start Date\*** |  | **Salary Type\*** |  |
| **Foreign Worker\*** |  | | |
| **Basic Salary** | | | |
| **Base Salary\*** |  | **Average Hourly Wage\*** |  |
| **Insurance Information** | | | |
| **Health Insurance Coverage** | **Dependents Covered\_\_People** | **Health Insurance Enrollment Date** |  |
| **Labor Insurance Premium** |  | **Labor Insurance Enrollement Date** |  |
| **Labor Insurance Declaration Amount** |  | | |