



NEW HIRE	CHANGE	SEPARATION	Effective Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name-Last	First	Middle	Social security No.
			Clock or Payroll No.

Department \_\_\_\_\_ Shift \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please complete only the appropriate section below

**NEW HIRE** Reason for

REHIRE	ADDITION TO STAFF	REPLACEMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Status		

Fulltime regular	Parttime regular	Fulltime temporary	Parttime temporary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Classification	W-4 completed	No. of Exemptions	
<input type="checkbox"/> non-exempt <input type="checkbox"/> exempt	<input type="checkbox"/> yes <input type="checkbox"/> no		
Starting Rate	Paycheck advance		
<input type="checkbox"/> Hourly\$ <input type="checkbox"/> Weekly\$			
Job Title			

**CHANGE** Check all applicable boxes. Explain in remarks if necessary.

Change	From	To	Change	From	To
<input type="checkbox"/> Position			<input type="checkbox"/> Shift		
<input type="checkbox"/> Job Classification			<input type="checkbox"/> Pay		
<input type="checkbox"/> Department			<input type="checkbox"/> Payroll deductions		
<input type="checkbox"/> Employment status			<input type="checkbox"/> Other		
<input type="checkbox"/> Leave of Absence	Reason		Date of Return		

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SEPARATION** New Hire \_\_\_\_\_ Separation Date \_\_\_\_\_ Last Date Worked \_\_\_\_\_

Type of Separation

RESIGNATION    DISCHARGE    LAY-OFF    RETIREMENT

REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RECOMMENDED By	DATE	APPROVED	DATE	AUTHORIZED	DATE