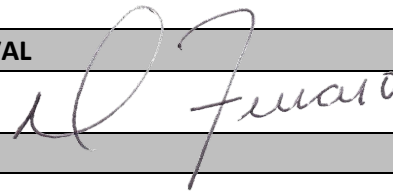




EMPLOYEE DATA FORM

EMPLOYEE INFORMATION AND ACTION TAKEN				
FIRST NAME: MI: LAST NAME:			TODAY'S DATE:	
ACTION(S): <input type="checkbox"/> NEW HIRE <input type="checkbox"/> REHIRE <input type="checkbox"/> CHANGE <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TERMINATION <input type="checkbox"/> OTHER (ENTER IN COMMENTS BELOW)				
DEPARTMENT NAME			MANAGER	
JOB TITLE			STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> INTERN <input type="checkbox"/> SEASONAL	
WORK LOCATION OR REMOTE			<input type="checkbox"/> CONVERTING FROM 1099 CONTRACTOR TO W2 EMPLOYEE?	
NEW HIRE/REHIRE				
START DATE:		<input type="checkbox"/> NEW POSITION <input type="checkbox"/> REPLACEMENT	STARTING PAY: \$	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT
EMAIL ADDRESS:			PHONE NUMBER:	
HOME ADDRESS			CITY:	STATE: ZIP:
<input type="checkbox"/> PLEASE CHECK IF YOU WOULD LIKE HR TO SEND THE OFFER LETTER AND AT-WILL/CONFIDENTIALITY AGREEMENTS				
WORK RELATED CHANGE (POSITION, LOCATION AND/OR COMPENSATION)				
TYPE OF CHANGE(S): <input type="checkbox"/> POSITION/TITLE <input type="checkbox"/> WORK LOCATION <input type="checkbox"/> PAY ADJUST <input type="checkbox"/> MERIT INCREASE/BONUS <input type="checkbox"/> OTHER:				
NEW POSITION/TITLE:			NEW WORK LOCATION:	
PRIOR SALARY: \$		NEW SALARY: \$		RETROACTIVE DATE:
OTHER, PLEASE EXPLAIN:				
LEAVE OF ABSENCE				
REASON: <input type="checkbox"/> PERSONAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> FAMILY <input type="checkbox"/> MATERNITY <input type="checkbox"/> MILITARY			START DATE:	RETURN DATE:
TERMINATION				
REASON: <input type="checkbox"/> RESIGNED <input type="checkbox"/> LAYOFF <input type="checkbox"/> FOR CAUSE <input type="checkbox"/> RETIREMENT			LAST DAY:	ELIGIBLE FOR REHIRE: <input type="checkbox"/> YES <input type="checkbox"/> NO
SEPARATION FORM TO BE COMPLETED BY (SUPERVISOR NAME):				
ADDITIONAL COMMENTS				
DEPARTMENT APPROVAL				
SIGNATURE: 			DATE:	
HR APPROVAL				
SIGNATURE:			DATE:	