PG PERFECT GAME

EMPLOYEE DATA FORM

EMPLOYEE INFORMATION AND ACTION TAKEN

FIRST NAME:	MI:	LAST NAME:	TODAY'S DATE:

ACTION(S): ☐ NEW HIRE ☐ REHIRE ☐ CHANGE ☐ LEAVE OF ABSENCE ☐ TERMINATION ☐ OTHER (ENTER IN COMMENTS BELOW)

DEPARTMENT NAME	MANAGER
JOB TITLE	**STATUS:** ☐ FULL-TIME ☐ PART-TIME ☐ INTERN ☐ SEASONAL
WORK LOCATION OR REMOTE	☐ **CONVERTING FROM 1099 CONTRACTOR TO W2 EMPLOYEE?**

NEW HIRE/REHIRE

START DATE:	☐ NEW POSITION ☐ REPLACEMENT	STARTING PAY: $	☐ EXEMPT ☐ NON-EXEMPT
EMAIL ADDRESS:		PHONE NUMBER:	

HOME ADDRESS	CITY:	STATE:	ZIP:

☐ 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): ☐ POSITION/TITLE ☐ WORK LOCATION ☐ PAY ADJUST ☐ MERIT INCREASE/BONUS ☐ OTHER:

NEW POSITION/TITLE:	NEW WORK LOCATION:

PRIOR SALARY: $	NEW SALARY: $	RETROACTIVE DATE:

OTHER, PLEASE EXPLAIN:

LEAVE OF ABSENCE

REASON: ☐ PERSONAL ☐ MEDICAL ☐ FAMILY ☐ MATERNITY ☐ MILITARY	START DATE:	RETURN DATE:

TERMINATION

REASON: ☐ RESIGNED ☐ LAYOFF ☐ FOR CAUSE ☐ RETIREMENT	LAST DAY:	**ELIGIBLE FOR REHIRE:** ☐ YES ☐ NO

SEPARATION FORM TO BE COMPLETED BY (SUPERVISOR NAME):

ADDITIONAL COMMENTS

DEPARTMENT APPROVAL

SIGNATURE:	DATE:

HR APPROVAL

SIGNATURE:	DATE:

VER. 2-2021_HR