



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: | |