



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:	