



EMPLOYEE STATUS

Client Company _____

DATE	
Prepared	Effective

Name (First, Middle Initial, Last)	Birth Date	Employment Date	Social Security Number
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Street Address	City	State	Zip	Telephone Number	Change of Address
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Mark all applicable boxes <input type="checkbox"/> Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Reinstatement <input type="checkbox"/> Position Change <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Vacation	<input type="checkbox"/> Transfer <input type="checkbox"/> Salary Change <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Lay-Off Effective: _____ <input type="checkbox"/> Disability Effective: _____ <input type="checkbox"/> Other	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt W/Comp Code	Reason for termination -

TERMINATION

Hrs./Salary for Final Check:	To be terminated by:			
Check 1: Check 2:	Voluntary Quit - Notice Given to:			
Period Ending:	Check Needed By:			
Termination	Last Day of Employment	Current Year Vacation Mos.: _____	Accrued Vacation Mos.: _____	Eligible for Reemployment <input type="checkbox"/> Yes <input type="checkbox"/> No

DEPARTMENT CHANGE

Department	Number	Name	Number	Percent
TO:		FROM:		

SALARY/HOURLY WAGES

Position - Title	Hourly	Salary	Effective Date	Other Information
Proposed:	From:	From:		
	To:	To:		
Reason for Change: <input type="checkbox"/> 90 Day Review <input type="checkbox"/> Annual Review <input type="checkbox"/> Merit Review				
Explanation or Attached Review: _____				

LEAVE OF ABSENCE

	TYPE	From		To	REASON	EXPECTED RETURN DATE
Leave of Absence	<input type="checkbox"/> Personal <input type="checkbox"/> Illness					

REQUEST FOR VACATION CHECK

Name of Employee	Number of Weeks or Hours	Number of Checks	Date to be Issued

AUTHORIZATIONS

APPROVALS	Immediate Supervisor	Date	Additional Approvals	Date
SIGN AND DATE	Client Contact	Date		Date