

Recordkeeping: Employee Action Notice #1

GENERAL INFORMATION		Employee # _____
Name: _____ (Last, First, Middle)		Soc Sec # _____ - _____ - _____ <input type="checkbox"/> M <input type="checkbox"/> F (Sex)
Mailing Address: _____ (Number and Street)		(City) _____ (State) _____ (Zip) _____
Home Phone (____) _____	Cell Phone (____) _____	Date of Birth ____/____/____ (mm) / (dd) / (yyyy)
E-Mail _____		Alt E-Mail _____
Emergency Contact _____ (Name)		(Relationship) _____ (Phone #) _____

EMPLOYMENT		
Start Date ____/____/____	Job Title _____	Dept _____
Labor Code <input type="checkbox"/> Exempt or <input type="checkbox"/> Nonexempt	Pay Rate \$ _____ per	<input type="checkbox"/> Hour or <input type="checkbox"/> Month
Supervisor _____		
Work Categories (check one on each row and enter requested information to the far right)		

<input type="checkbox"/> New Hire or	<input type="checkbox"/> Rehire	If rehire, original hire date: ____/____/____
<input type="checkbox"/> Replacement or	<input type="checkbox"/> Addition	If replacement, who replaced?
<input type="checkbox"/> Temporary or	<input type="checkbox"/> Regular	Temp for how many months?
<input type="checkbox"/> Full Time or	<input type="checkbox"/> Part Time	Normal Hours Worked per Week:

PAYROLL SET-UP		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		
Fed Filing Status _____ Exemptions _____ Over/Addnl _____		
Pay Cycle <input type="checkbox"/> Weekly or <input type="checkbox"/> Bi-Weekly		

TRANSFER, CHANGE POSITION, SUPERVISOR, PAY RATE, E/NE, OTHER	
Transfer to Dept _____	Effective Date ____/____/____

New Position Title _____	Effective Date ____/____/____

New Supervisor _____	Effective Date ____/____/____

New Pay Rate \$ _____ per <input type="checkbox"/> Hour or <input type="checkbox"/> Week	Effective Date ____/____/____

