



PERSONNEL STATUS FORM

Employee ID# _____
State of Operation: _____ New Revision Request
Last Name: _____ First Name _____ Middle Initial _____

EMPLOYEE INFORMATION

Address: _____ City _____ State _____ Zip _____

Email Address: _____

Phone #: Home Cellular Other _____ Phone #: Home Cellular Other _____

Social Security Number: _____ Driver's License State ID _____

Date of Birth _____ Sex Male Female Marital Status: Single Married Separated Divorced

Ethnicity: White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Other _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

OFFICIAL USE ONLY

STATUS INFORMATION

New Hire Re-Hire Leave of Absence Effective Date _____ Badge # _____
 Full Time Part time Transfer First Day Worked _____ Handbook _____
 Resignation Termination Other (see below) Last Day Worked _____

Comments: _____

Hourly Salary \$ _____ Effective Date _____

New Review Promotion Probationary Temporary Seasonal Other _____

Department: _____ Title/ Position: _____

Account/Location: _____ Supervisor: _____

Uniform Deposit \$ _____ Pay Date: _____

Employee Signature: _____ Date _____

Authorized Signature: _____ Date _____