



### New Employee/Change of Status Form

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

New Hire  Department Transfer  Rate Change  Review  Termination  Deduction/Loan  Payroll  Other

Complete Only for New Hire:

File Number: \_\_\_\_\_ Marital Status: S  M  Number of Allowances: \_\_\_\_\_  
Badge Number: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M  F   
Position: \_\_\_\_\_ Starting Rate: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_

Change From: \_\_\_\_\_ To: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
Department: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Position: \_\_\_\_\_  
Number of allowances: \_\_\_\_\_ Number of allowances: \_\_\_\_\_

Deductions: \_\_\_\_\_  
Deductions:  M: \$ \_\_\_\_\_  V: \$ \_\_\_\_\_  D: \$ \_\_\_\_\_  U: \$ \_\_\_\_\_  P: \$ \_\_\_\_\_  401(K): \$, % \_\_\_\_\_  OTHER: \$ \_\_\_\_\_  
Loans:  C: \$ \_\_\_\_\_  GOAL: \$ \_\_\_\_\_  401(k): \$ \_\_\_\_\_  GOAL: \$ \_\_\_\_\_  
Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Termination**

Termination Date: \_\_\_\_\_  
Last Date Worked: \_\_\_\_\_  
Returned Uniforms: Yes \_\_\_ No \_\_\_ N/A \_\_\_  
Missing Uniform Items: Shirts \_\_\_\_\_ Pants \_\_\_\_\_  
Returned Badge: Yes \_\_\_ No \_\_\_ N/A \_\_\_  
Returned Company Tools: Yes \_\_\_ No \_\_\_ N/A \_\_\_

90 Day Review   
Annual Review   
Pay Adjustment

Rate From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  
Increase Amount (\$ or %): \$ \_\_\_\_\_

**Reason:**

**Voluntary**

**Involuntary**

- |   |   |
|---|---|
| Moved <input type="checkbox"/>                              | Attendance <input type="checkbox"/>           |
| Childcare <input type="checkbox"/>                          | Safety <input type="checkbox"/>               |
| No transportation <input type="checkbox"/>                  | Insubordination <input type="checkbox"/>      |
| Job Abandonment <input type="checkbox"/>                    | Poor Performance <input type="checkbox"/>     |
| Dissatisfied w/ working conditions <input type="checkbox"/> | Lay-off/Lack of work <input type="checkbox"/> |
| Dissatisfied w/ co-worker <input type="checkbox"/>          | Violation of rules <input type="checkbox"/>   |
| Problems w/ Supervisor <input type="checkbox"/>             |   |
| Problems w/ Manager <input type="checkbox"/>                |   |
| Not challenging job <input type="checkbox"/>                |   |
| Lack of opportunity <input type="checkbox"/>                |   |
| Insufficient pay <input type="checkbox"/>                   |   |
| Insufficient benefits <input type="checkbox"/>              |   |
| Retirement <input type="checkbox"/>                         |   |
| Continuing education <input type="checkbox"/>               |   |
| Family circumstances <input type="checkbox"/>               |   |
| Change career <input type="checkbox"/>                      |   |
| No return-LOA <input type="checkbox"/>                      |   |
| No return-FMLA <input type="checkbox"/>                     |   |
| Resigned (no reason given) <input type="checkbox"/>         |   |

**Approval:**

Department Manager \_\_\_\_\_ Date \_\_\_\_\_  
HR Representative \_\_\_\_\_ Date \_\_\_\_\_  
Payroll \_\_\_\_\_ Date \_\_\_\_\_  
President \_\_\_\_\_ Date \_\_\_\_\_  
Next Review Date: \_\_\_\_\_

FOR HR USE ONLY	
T&A _____	MED _____ VIS _____ DENT _____ UNIF _____
COBRA _____	401K _____ LOCK _____ ADP _____ LIFE _____

Other: \_\_\_\_\_  
Rehire: Eligible  Not Eligible   
Comments: \_\_\_\_\_

HRQR Reviewed for updates: Yes  No