**EMPLOYEE STATUS REPORT**

LOCATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***NEW EMPLOYEE**

EMPLOYEE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ START DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BEG. SALARY/HR RATE:\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(check one) FULL TIME/BENEFITS\_\_\_\_\_\_ TEMPORARY/PART TIME/NO BENEFITS\_\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2ND EMERCENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RAISE REQUEST** **TERMINATION**

EFFECTIVE DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TERM. DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYROLL CHANGE FROM $:\_\_\_\_\_\_\_\_\_\_\_\_ REASON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO $:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**VACATION SICK PAY HOLIDAY**

**DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_ HRS:\_\_\_\_\_\_\_\_**

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**MANAGER’S APPROVAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE: INITIALS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**