

EMPLOYEE STATUS FORM

For Office Use Only

Employer Trainer Date: _____ Initials: _____

Payroll Entry Date: _____ Initials: _____

Incomplete: _____ Return to ET. Date: _____

Initials: _____

FILE WHEN COMPLETED BY BOTH DEPT.

PAY CYCLE: Odd _____ Even _____

Please clearly type or print the requested information

Section 1: To be completed by Employee

Employer's Name: _____

Employee Name: _____

Address: _____

Phone: (____) _____ Social Security #: _____ - _____ - _____

Date of Birth: _____ (mm/dd/yyyy)

Do you choose to be included on the State-Wide Registry? _____ YES _____ NO

Employee Signature

Date Signed

Section 2: To be completed by Employer

Check One: _____ New Hire _____ Rehire _____ Rate Change _____ Termination of Employment

Date of Hire: _____ Wage: _____ Average Hours per Week: _____

Date of Rate Change: _____ Wage: _____ Average Hours per Week: _____

Date of Termination: _____

_____ Voluntary

_____ Involuntary

Please send final paycheck directly to employee.

Relationship to Employer: _____

Employer Signature

YOU MUST RETURN THIS FORM TO FIDUCIARY SERVICES FOR EACH EMPLOYEE.

Revised 12/07