

PERSONNEL AUTHORIZATION FORM

* BASIC INFORMATION

EE Last Name First Middle Location
Your Name (Person Filling Out Form) Today's Date

* STATUS

New Hire/Rehire Wage Change/Review Add a Position Transfer Termination

* Changes to name, address, withholding, or marital status, employee must fill out a new W-4 form & fax it to the Office.

New Hire/Rehire

SSN Hire/Rehire Date Position
Gender W-4 Info (ex. S-1) Telephone DOB
Address City State Zip
Emergency Name Relationship Phone #
Status Hourly/Salary \$ Ethnicity/Nationality

Wage Change/Review

From To
Salary Effective Date Next Review Date
Hourly → **Select for hourly employee only**
Perf. App. Rating Perf. App. Date Review By

Add a Position

Position Rate Effective Date

Transfer

From Location Position Effective Date
To Location Position Effective Date

Termination

Date of Termination No. of Hrs Worked for Final Paycheck Rehire
Last Day Worked Reason

* ADDITIONAL COMMENTS -

* APPROVALS

MGR **Date** **CEO** **Date** **HRD** **Date**