Employee Change / Evaluation Form

Employee #: _____ Name: _____ Location: _____

Instructions: Use this form to update employee information

- Enter employee #, name, ssn and location at the top of form.
- Check box(es) to indicate the data you are updating. Enter change.
- Employee must sign for personal changes and vacation requests only.
- Manager must sign for all other changes.
- Send to corporate office.

PERSONAL Name:_____ Home Phone #:_____

Address:_____ ZIP:_____

Emergency Contact:_____ Phone #:_____

VACATION REQUEST Number of Days Requested_____ From:_____ To: _____

JOB CHANGE Old Job Title_____ New Job Title_____

Effective Date_____

RATE CHANGE Old Rate $ _____ New Rate $ _____ Increase %_____

Effective Date_____ Reason: Merit Promotion

Comments:_____ Other _____

LOCATION TRANSFER From _____ To _____

Effective Date_____

TERMINATION

☐ Resignation ☐ Discharge ☐ Job Abandonment ☐ Never Worked

Additional Termination Information: _____

TERMINATION EFFECTIVE DATE (LAST DAY WORKED) _____

NOTE: Written resignation must be attached to this form.

Eligible for rehire? ☐ Yes ☐ No Comments: _____

REHIRE _____ REHIRE DATE:_____

Employee Signature _____ Date_____

Employee Name Printed _____

Manager Signature _____ Date_____

Manager Name Printed _____

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