



Employee Change / Evaluation Form

Employee #: _____ Name: _____ Location: _____

Instructions: Use this form to update employee information

- Enter employee #, name 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: _____
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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	<input type="checkbox"/> Resignation	<input type="checkbox"/> Discharge	<input type="checkbox"/> Job Abandonment	<input type="checkbox"/> Never Worked
	Additional Termination Information: _____			
	TERMINATION EFFECTIVE DATE (LAST DAY WORKED) _____			
	NOTE: Written resignation must be attached to this form.			
	Eligible for rehire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments: _____

REHIRE _____	REHIRE DATE: _____
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Employee Signature _____ Date _____
Employee Name Printed _____

Manager Signature _____ Date _____
Manager Name Printed _____