LINC PERSONNEL CHANGE NOTICE

Fax or email to LINC Human Resources – (816) 931-7236 or cbrown@kclinc.org

LAST	NAME FIF	ST MIDDLE				SS#				
STREET ADDRESS							BIRTHDATE			
			STATE		ZIP		TELEPHO	ONE		
EMPLOYMENT										
HIRE DATE JOB TITLE		JOB TITLE				FULL/PART TIME			EXEMPT/N	NONEXEMPT
SALARY/RATE		SITE/DEPARTMENT				SITE COORDINATOR SIGNATURE				
EMPLOYMENT CHANGE EFFECTIVE DATE OF CHANGE NEW TITLE										
	Promotion	EFFECTIVE DATE OF CHANGE NEW TITLE								
		NEW DEDARENT	V OURERVIOOR							
	Transfer	NEW DEPARTMENT			NEV	IEW SUPERVISOR				
	Transfer									
	Salary Increase	Salary Increase New Salary/RATE		CURRENT SA	LARY/RA	1E 9		% CHANGE		
	Salary Increase									
	Title Change	ADDITTIONAL EXPLANATION								
	Title Change									
	Designation									
	Resignation									
	Diaminal									
	Dismissal									
	Other (accelete)									
	Other (explain) ATTACH ALL APPROPRIATE DOCUMENTATION									
PERSONAL CHANGE EFFECTIVE DATE OF CHANGE NEW NAME NEW TELEPHONE										
EFFE	CTIVE DATE OF CHANGE	NEW NAME						NEW	IELEPHONE	
NIEW	ADDDEOG					L NIEW MADITAL	OTATUO			
NEW	ADDRESS					NEW MARITAI	_ STATUS			
OUTL		OTATE		710		NEW DEDENIE	ANTO			
CITY STATE			ZIP NEW DEPEN				DANIS			
OTHER NEW DATA										
SIGNATURES EMPLOYEE			DATE	SUPERVISOR						DATE
EMPL	UTEE		DATE	SUPER	VISUK					DATE
HR DI	RECTOR		DATE	PRESI	DENT					DATE