



Complete this form for every employee transaction as outlined below.

Client Company \_\_\_\_\_ Date \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name Change \_\_\_\_\_ (please provide new Social Security Card)

Address Change \_\_\_\_\_  
(Number & Street or Box) (City) (State) (Zip) (Telephone)

VACATION OR LEAVE OF ABSENCE OR PTO

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date of Return – Required)  
(Can be estimated)

Purpose:  Vacation  PTO-Paid \_\_\_\_\_Hours  PTO-Unpaid \_\_\_\_\_Hours  
 Medical Leave

Pre-Pay Vacation?  Yes  No (If yes, it will be paid the pay period **prior** to vacation.)

Reason for Leave: \_\_\_\_\_  
\_\_\_\_\_

CHANGE OF POSITION OR PAY

Position Change: Yes No Pay Change: Yes No Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Position: \_\_\_\_\_ New Position: \_\_\_\_\_

Current Department: \_\_\_\_\_ New Department: \_\_\_\_\_

Current Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_ New Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Pay Change Due To: Promotion Annual Increase Other Pay Increase Department Transfer

Merit Increase Reclassification Other \_\_\_\_\_

SEPARATION

(Applied Staffing must be contacted prior to notification of employee)

Quit w/ Notice  Quit w/Out Notice  No Call/No Show  Abandonment of Shift

Inability to provide work authorization  Laid Off  Discharged (fired)

Other (explain) \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Eligible for rehire?  Yes  No

Final Hours: \_\_\_\_\_ Regular Hours \_\_\_\_\_ PTO / Vacation Hours \_\_\_\_\_ Sick Hours

Please give detailed explanation of events surrounding separation. Attach extra sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required for PTO, vacation, leave of absence, pay decrease or demotion)