

Employee Status Report

Store: Altoona23

Date: 6/23/2022

Employee Name: David Williams

Date of Birth: _____

Manager: _____

Social Security: _____

Supervisor: _____

Employee phone: _____

Sex: ☐ Female ☐ Male

Position: ☐ GM ☐ Asst Manager ☐ Shift Manager ☐ Crew

<u>Status Type</u>	<u>Effective date</u>	<u>Pay Rate:</u>	
New Hire			
Re-Hire			
		<u>From</u>	<u>To</u>
Rate Change	07-04-2022	12	13
Store Transfer			
Vacation			
Sick			
Address Change			
Direct Deposit		*Attach voided check or bank documentation*	
Other			

Comments: _____

Employee Signature: _____ Date: _____