

New Hire

Re-Hire

Change

Termination



## GCI PR CHANGE FORM

EMPLOYEE NUMBER

( )

EMPLOYEE NAME

EFFECTIVE DATE

## GENERAL INFORMATION/CHANGES

SOCIAL SOC. #

ADDRESS

HOME DEPARTMENT

☐ ADMIN☐ PLANT

MARITAL STATUS

☐ REPACK☐ SALES

SINGLE

MARRIED

HEAD OF HOUSEHOLD

## EXEMPTIONS

FEDERAL

Additional \$

STATE

Additional \$

(Must be the same for Federal &amp; State)

## TERMINATION

DATE:

## DEDUCTIONS

AMOUNT

DISABILITY

HEALTH INS.

UNIFORMS

CHILD SPT

DENTAL

401K DEFERRAL % DOB

Eligible For Safe Harbor Y N

## RATE OF PAY and OTHER PAYS

PAY RATE

HOURLY

SALARIED

## ADDITIONAL PAY (ISSUE SEPARATE CHECK)

HOURS

OR:

\$ AMOUNT

UNUSED VACATION

OTHER:

BONUS

(no benefit deduction on additional pay checks)

## OTHER PAYS

Description

Amount

Approved

By:

Executive Officer

Date:

By:

Requested By