

## Profile

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Position : Effective Date :

## Personal Information

Salutation:

First Name:

Middle Name:

Last Name:

Generation Suffix:

Preferred Name:

Maiden Name:

Professional Suffix:

Payroll Name:

Marital Status:

EffectiveDate:

Associate ID:

Passport:

## Demographic Information

Birthdate:

Age:

Gender:

Education Level:

# of Dependents:

Correspondence

Language:

Tobacco User:

Date of Death:

Custom Fields Values

## Contact

Work Email:

User for Notification:

Personal Email:

User for Notification:

Work Phone:

Extn:

Work Fax:

Work Mobile:

Work Pager:

Extn:

Work Mail Stop:

Home Phone:

Personal Fax:

Personal Mobile:

Personal Pager:

Extn:

## Address

Personal Address 1 (This is the Legal Address)

Personal Address 2:

## Emergency Contact

Contact:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

Primary:

Doctor Name:

Hospital:

Phone Number:

Position : Effective Date :

Co/File#:

## Position

Position Start Date:

Workers Compensation:

Job Description:

Business Unit:

Home Department:

Assigned Shift:

## My Team Employee Profile Report

As of Date: Period End Date

Home Cost Number:

Scheduled Hours:

Location:

Hours Period:

FTE:

:

Job Class:

Union Code:

Union Local:

Pay Group:

Reports to:

Effective Date:

Work Week:

Direct Reports to:

Custom Fields Values

## Status

Hire Date:

Status:

Hire Reason:

Worker Category:

Cancel Automatic Pay  
for this cycle:

Termination

:

:

Terminator:

Severance Pay Start

Severance Pay End  
Date:Date:  
Employee is eligible  
for rehire:

Optional Rehire Status:

Leave

Leave of Absence Start

Leave Reason:

Date:

Leave of Absence

Not Paid Leave of  
Absence:

Expected Return Date:

Leave of Absence End

Date:

Rehire:

Rehire Date:

Rehire Reason:

## Allocations

#	Department	Percentage	Effective Date
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## Talent Profile

## Previous Employers

Total Records in Report: 0