

# Personnel Form

Employee Name	
Social Security Number	
Employee Address	
Employee Phone Number	

Date Hired:	Starting Salary:
W-4 Form completed:	USCIS I-9 Form completed:
Number of withholding allowances:	Employee Contract: ____Yes ____ No

Changes in Salary	New Salary	Date Begun
Changes in Position	New Position	Date Begun
Job Reviews	Date	Status
Separation	Date	Reason
		Laid off: ____ Left voluntarily: ____ Discharged for cause: ____ Discharged - lack of work: ____ Other: ____

Eligible for rehire? Yes \_\_\_\_ No \_\_\_\_

Signature of Employer  
Upon Separation

Date

Separation Signature of Employee

Date