

PERSONNEL ADDITION OR SEPARATION

COUNTRY		BRANCH OR DEPARTMENT		DATE PREPARED
NAME	FIRST	MIDDLE	LAST	EFFECTIVE DATE
HOME ADDRESS			ADDRESS CHANGE	
JOB TITLE		<input type="checkbox"/> SALES <input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE		

ADDITIONS

<input type="checkbox"/> NEW EMPLOYEE	<input type="checkbox"/> REINSTATED FROM DISABILITY LEAVE	<input type="checkbox"/> REINSTATED FROM PERSONAL LEAVE	<input type="checkbox"/> REINSTATED FROM MILITARY LEAVE	<input type="checkbox"/> RE-EMPLOYED
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PART TIME		
DATE OF BIRTH	PLACE OF BIRTH	CITIZEN OF WHAT COUNTRY		
	MARITAL STATUS	NO. OF CHILDREN		
SALARY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> SEMI-MONTHLY	<input type="checkbox"/> MONTHLY	ACCOUNT NO.
MAIL PAYROLL CHECK TO	<input type="checkbox"/> BRANCH OR DEPARTMENT	<input type="checkbox"/> HOME	<input type="checkbox"/>	

SEPARATIONS

<input type="checkbox"/> RESIGNED (OWN ACCORD)	<input type="checkbox"/> RESIGNATION REQUESTED	<input type="checkbox"/> DISCHARGED	<input type="checkbox"/> DECEASED	<input type="checkbox"/> RETIRED
<input type="checkbox"/> PERSONAL LEAVE	<input type="checkbox"/> MILITARY LEAVE	<input type="checkbox"/> DISABILITY LEAVE TERMINATED (ONE YEAR)	<input type="checkbox"/> SUSPENDED	
LAST DAY AT WORK	EFFECTIVE DATE CONTRACT CANCELLED			
DAYS VACATION CREDIT TO BE PAID	DAYS TO BE PAID IN LIEU OF NOTICE			
NEW EMPLOYER AND OCCUPATION				
SPECIFIC REASON FOR LEAVING				
IS A COPY OF LETTER OF RESIGNATION AND CONTRACT CANCELLATION ATTACHED TO FIRST AND THIRD COPIES OF FORM INT-209?				

DISABILITY LEAVE

DATE FIRST ABSENT	PROBABLE LENGTH OF ABSENCE	CONTINUE ON FULL SALARY UNTIL AND INCLUDINGDATE.
NATURE OF DISABILITY (BE SPECIFIC)		THEN PAY AT THE RATE OF £..... FOR.....(STATE PERIOD)
IF LEAVE EXCEEDS 14 DAYS-FORWARD PHYSICIAN'S REPORT TO SUBSIDIARY MANAGEMENT PRIOR TO DATE OF RECOMMENDED RETURN.		NOTE: IF NECESSARY, SUPPLEMENT WITH EXPLANATORY NOTES.

(COMPLETE REVERSE SIDE FOR SEPARATIONS)

APPROVALS

PREPARED BY	BRANCH OR SUBSIDIARY MGR.
DATE	DATE

EQUIPMENT & MATERIAL RETURNED - SEE DECISION 18

SALES	YES	NO	SERVICE	YES	NO
SALES TRAINING MATERIAL			CREDENTIAL CARD		
CONSIGNMENT ACCOUNTED FOR			TOOL BAG AND TOOLS		
EQUIPMENT PRICE LIST			GRIP STOCK (PARTS AND SUPPLIES)		
DECISION BOOK			SYMBOL BOOKS AND INSTRUCTION BOOKS		
PROSPECTIVE BUSINESS RECORDS			CORRECTION INDEXES AND SPECIAL PRINTS		
FEATURE MANUAL (NO.)			SERVICE PRICE LIST (POCKET SIZE)		
PRODUCT RELEASE MANUAL			SERVICE TRAINING MATERIAL		
ADVERTISING AND SALES MATERIAL			USER'S LIST		
PORTFOLIOS AND BINDERS			UNUSED FORMS MKTG-224 & INT-556		
CARRYING CASES			DECISION BOOK		
KEYS (OFFICE, FILE, CARRYING CASE, ETC.)			KEYS		
OTHER COMPANY MATERIAL (BUSINESS, CARDS ETC.)			OTHER COMPANY MATERIAL (BUSINESS CARDS ETC.)		
TRAVELING ADVANCE COLLECTED (M/N)			TRAVELING ADVANCE COLLECTED (M/N)		
SUPERANNUATION POLICIES DISCUSSED			SUPERANNUATION POLICIES DISCUSSED		

* COMPLETE FOR SALES, SERVICE AND OFFICE EMPLOYEES

	EXCEP- TIONAL	VERY GOOD	SATIS- FACTORY	NEEDS IMPROVE- MENT	UNSATIS- FACTORY	REMARKS (EXPLAIN ANY SIGNIFICANT DEVIATION FROM LAST REVIEW)
PERFORMANCE RATING-PRODUCTIVITY						
SALES ABILITY						
PERSONALITY						
APPEARANCE - CARRIAGE - DRESS						
DEPENDABILITY						
KNOWLEDGE						
ABILITY TO ANALYZE						
COMPETENT						
CAPACITY TO DEVELOP						
WELL-BALANCED						
FLEXIBLE						
COOPERATION						
CUSTOMER RELATIONS						
BUSINESS ETHICS						
HABITS - CHARACTER						
PHYSICAL FITNESS						
DOES HE PAY HIS DEBTS PROMPTLY?						

WOULD YOU BE WILLING TO RE-EMPLOY? YES ☐ NO ☐

IF 'YES', WHAT WAS DONE IN AN ENDEAVOUR TO RETAIN THE EMPLOYEE?

IF 'NO', STATE REASON:

OTHER COMMENTS: