HR/Benefits Form

Section I. **Action**	☐ Employment - New Hire ☐ Employment - Rehire ☐ Employment - Termination	☐ Personal Data Change ☐ Rate and / or Position Change ☐ Transfer	☐ Leave of Absence Request **FMLA requires HR Approval ☐ Request for Offer

Section II **Client Name**	Client Name	Client Location

Section III **Employee Data**	Last Name ☐ Name Change - new SocSec Card & W-4 required		Social Security Number	
	First Name	Middle Name		
	**The name must be spelled EXACTLY as it appears on the Social Security Card.			

Section IV **New Hire and Address Change Data**	Home Address (Street, City , State, & Zip Code)			☐ Address Change effective:	
	Home Phone No. ( )	Birth Date *mm-dd-yy*	☐ Female ☐ Male	Actual Marital Status	☐ Single ☐ Married
	Hire Date *mm-dd-yy*	Salary/Hourly Rate	☐ Full Time ☐ Part Time ☐ Temp-On Call	Position	

Section V **Change of Status Data**	From:	Full-Time	Part-Time	Temporary	Notes
	To:	Part-Time	Full-Time	Full-Time	Notes
	From:	Salary/Hourly Rate	Note:		
	To:	Salary/Hourly Rate	Effective Date: mm-dd-yy		

Section VI **Leave of Absence**	Reason:	Last Day Worked:	Return Date:	
	☐ Unpaid ☐ Use PTO/Vacation	☐ EE will miss benefit deductions ☐ EE will not benefit deductions	☐ USERRA	☐ Family Medical Leave Act ☐ Workers Compensation

Section VII **Termination of Employment &/or Benefits** *(qualifying even required)*	Last Day Worked	☐ Divorce	Eligible for Rehire: ☐ Yes ☐ No
	☐ Resignation ☐ Termination ☐ Retirement	☐ Death ☐ Dependant no longer eligible ☐ Other, requires approval	Co. supplies returned: ☐ Yes ☐ No
	Reason for Separation		

Section VIII **Signature**	Signature #1 - Person Completing Form (***Required***)	Date	Auto Allowance: ☐ Yes ☐ No
Approval	Approval Signature #2	Date	Amount per month: $

For ESS For HR/Benefits Use Only	Human Resources Initials	Date	Notes:
	Benefits Initials	Date	

EMPLOYER SUPPORT SERVICES

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