PERSONNEL RECORD

Facility #

Status

◯ New Hire ◯ Change Effective Date (start of a payroll period) _____/_____/_____

◯ Re-Hire ◯ Termination Employee # _____

Employee

Facility _____ Department _____ Job Type _____

Birth Date _____ SS# _____ Hire Date _____

Name _____
Last First Middle Initial

Address _____ City_____ State ____ Zip Code _____

Mobile Number (_____)_____-_____ Gender _____ Race _____

Email Address _____

Martial Status _____ Work Status ◯ FT ◯ PT

Wage Info

(Dept._____ Job Type_____)

Rate 1_____ Rate 2_____(if different) Rate 3_____(if different) Rate 4_____(if different)

Rate 5 _____ (if different) Rate 6 _____ (if different) Rate 7 _____(if different) Rate 8 _____(if different)

FOR NURSING POSITIONS ONLY

(The information below should match your wage plan)

	Position	Requested Base Starting Wage	+	#Years Previous Experience	X	Allowable Experience Factor Amount/Year (as laid out on the approved wage plan)	=	Total Starting Wage
EXAMPLE	***CNA***	***$10.00***	+	***5***	***X***	***$0.10***	**=**	***$10.50***
			+		X		=	

Nursing License # _____ Exp. Date _____

Next of Kin

Name _____ Relationship _____

Address _____ Phone Number (_____) _____-_____

City _____ State _____ Zip Code _____

Termination

Term Date _____/_____/_____

Recommended for re-employment? ◯ Y ◯ N

Has all company property been recovered? ◯ Y ◯ N

Proper notice given? ◯ Y ◯ N

Payout Vacation? ◯ Y ◯ N

Vacation Due _____ hrs.

Reason for Termination _____

Comments

COMMENTS/NOTES:

Approval

Facility Admin/Director Approval _____ Date _____/_____/_____

RDO/Sr. Mgmt Approval _____ Date _____/_____/_____