



## Employee Information Transmittal Form

Name:	Position Number:
Hire   Transfer   Promotion   Separation   Other	Effective Date:
Present Department:	New Department:
Present Position No.	New Position No.
Present Title:	New Title:
Present Supervisor:	New Supervisor:
Present Job Classification:	New Job Classification:
Present Scheduled # Hours to Work:	New Scheduled # Hours to Work:
New Date in Job?      Yes      No	New Date in Job:
Present Rate:	New Rate:

<b><i>Evaluation of Orientation Period Status</i></b>	
Review Status:	Effective Date:
Orientation Completed By 4 <sup>th</sup> Month?    Yes    No	Orientation Completed After 4 <sup>th</sup> Month?    Yes    No
Orientation Extended To (Date):	
Remarks:	

<b><i>Compensation/Tier Rate Change</i></b>	
Present Rate:	New Rate:
Effective Date:	
Remarks:	

<b><i>Benefit Status Change</i></b>	
Benefit Eligibility Date:	Benefit Termination Date:
Remarks:	

<b><i>Personal Information Update</i></b>	
Name Changed To:	Effective Date:
Phone Changed To:	Effective Date:
Address Changed To:	Effective Date:
Emergency Contact Changed To: Relationship:	Effective Date: Phone No:

Employee Signature:	Date:
Approved By:	Date:
Approved By:	Date: