



Employee Data

Store _____

Name _____

Date of Hire _____

Date of Termination _____

Paperwork filled out and faxed in to office:

_____ W-4 Form

_____ Application

Office Use Only
_____ New Hire Report

_____ I-9 Form

_____ Statement of Responsibility

_____ Employment Agreement

_____ Substance Abuse Policy

Driver: No Yes Drivers License _____ Insurance Card _____ DMV Authorization _____

Wages Record

Date	Date	Pay Rate

Quit _____ Dismissed _____ Medical _____ Other _____

Reason for Termination: _____

Uniform returned: Yes No

Uniform refund issued: Yes No

Amount refunded: _____

Manager/Asst. Mgr. : _____