



EMPLOYMENT RECORD

NAME:		SSN:	
STORE:		START DATE:	
START RATE:		POSITION:	
RATE CHANGE			
DATE:	NEW RATE:	DATE:	NEW RATE:
DATE:	NEW RATE:	DATE:	NEW RATE:
TERMINATION OF EMPLOYMENT			
LAST DAY:		ENDING RATE:	
POSITION:			
QUIT	FIRED	MEDICAL	OTHER
REASON:			

THIS FORM WILL BE COMPLETED AND PLACED IN THE EMPLOYEE RECORD. IT WILL BE SENT TO THE OFFICE UPON TERMINATION.