

Personnel Information Form (PIF)

Co-employee Name: _____ Soc Sec #: _____
 Client Company: _____ Hire Date: _____
 Address: _____ Correction Change
 City: _____ State: _____ Zip Code: _____

Employee Information Change

Type of Change	New Information		Effective Date	Internal Use Only
<input type="checkbox"/> Change of Name				
<input type="checkbox"/> Change of Address				
	City:	State:	Zip Code:	
<input type="checkbox"/> Change Emergency Contact	Name:	Phone #:		

Payroll Change HR

<input type="checkbox"/> Change in Hourly Status	<input type="checkbox"/> Full Time (30+ hrs weekly)	<input type="checkbox"/> Part Time (29 – hrs weekly)		
<input type="checkbox"/> Change in Exemption Status	<input type="checkbox"/> Hourly Non-Exempt	<input type="checkbox"/> Salary Non-Exempt	<input type="checkbox"/> Exempt	
<input type="checkbox"/> Promotion	New Position Title:			
Reason for promotion:				
<input type="checkbox"/> Demotion	New Position Title:			
Reason for demotion:				
<input type="checkbox"/> Rate of Pay	<input type="checkbox"/> Increase to \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> year	<input checked="" type="checkbox"/> Decrease to \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> year		
Reason for Increase:				
Reason for Decrease:				
<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> Verbal Counseling	<input type="checkbox"/> Written Reprimand	<input type="checkbox"/> Suspension	
Attach a description of the policy and/or procedure violation that warrants the disciplinary action. Be sure to include specific facts, dates, times, and any witnesses.				

Employment Termination HR

<input type="checkbox"/> Employment Termination	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Resignation	<input type="checkbox"/> Seasonal / Temporary	<input type="checkbox"/> Lay Off	
If involuntary, attach a description of the reason for employment terminations.					

Leave of Absence HR

<input type="checkbox"/> Leave will begin on:	Day:	Date:	Leave is expected to end on:	Day:	Date:
Leave is	<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid	Reason for Leave:		

Employee's signature _____

Date _____

Supervisor's signature _____

Date _____

