

# PERSONAL DATA INPUT FORM

**Effective Date:** \_\_\_\_\_ **Change:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

## PERSONAL INFORMATION CHANGES

**New Legal Name:** \_\_\_\_\_

**New Address:** \_\_\_\_\_

**New Phone Number:** \_\_\_\_\_

## EMPLOYMENT STATUS CHANGES

**Employee Type:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Scheduled Hours:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Position Code:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Job Code:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Department Code:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Hourly Rate:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Earned Time Code:** From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

## KRONOS SCHEDULE

Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

## TERMINATIONS

**Termination Effective Date:** \_\_\_\_\_

**Reason for Termination (please circle one):** Resignation Retirement Discharge Lay-Off

*Please attach a copy of resignation letter, if one was submitted.*

## COMMENTS

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please forward PDI form to Andrea Minnaert in the Human Resources Department*



## PERSONAL DATA INPUT FORM

### *Side 2 For Payroll and Personnel use only*

Employee: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Employee Number: \_\_\_\_\_

#### Additional Compensation

\_\_\_\_\_ Terminal Earned Time Pay

\_\_\_\_\_ Reducing to On Call/Per Diem

\_\_\_\_\_ Cash Alternative to Health Insurance

\_\_\_\_\_ Employment Bonus \_\_\_\_\_ Finders Fee

\_\_\_\_\_ Tuition Reimbursement

\_\_\_\_\_ Annual Review—Over Max Bonus

\_\_\_\_\_ Retro Pay as of: \_\_\_\_\_ Date

From \$\_\_\_\_\_ To \$\_\_\_\_\_

Salary Change made on: \_\_\_\_\_ Date

Comments/Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Final process completed thru Personnel on date: \_\_\_\_\_

Signature: \_\_\_\_\_