



# EMPLOYMENT STATUS FORM

Please clearly print or type the requested information.

## Section 1: To be completed by Employee

Employer Name: \_\_\_\_\_

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

(Former Name: \_\_\_\_\_)

Street, Apt No: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Previous Address: (within last 5 yrs) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

## Section 2: To be completed by Employer

**Check One:** New Hire\_\_\_\_ Rehire\_\_\_\_ Rate Change\*\_\_\_\_ Termination of employee\*\_\_\_\_\_

\*\*Date of Employment: TBD Hourly Rate: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_

Related to Employer? YES\_\_\_ / NO\_\_\_ / If Yes, please explain\_\_\_\_\_

\*Effective Date of Rate Change: \_\_\_\_\_ New Rate: \_\_\_\_\_ Average Hours/Week: \_\_\_\_\_

\*Date of Termination: \_\_\_\_\_ Voluntary Involuntary

\*Please send **final paycheck** directly to employee: **YES** \_\_\_ **NO** \_\_\_

\_\_\_\_\_  
Employer Signature

YOU MUST RETURN THIS FORM TO ALLIED COMMUNITY RESOURCES FOR EACH EMPLOYEE.

**For Office Use Only**

\*\*Allied will call employer to confirm:

Date of Hire: \_\_\_\_\_

Processor Initials: \_\_\_\_\_

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PCA \_\_\_ ECP\_\_\_ ABI\_\_\_ MFP\_\_\_ ALA \_\_\_

PAY CYCLE: Odd\_\_\_\_\_ Even\_\_\_\_\_

\*Database Update: \_\_\_\_\_ Initials: \_\_\_\_\_

\*Payroll Entry Date: \_\_\_\_\_ Initials: \_\_\_\_\_

\*FILE WHEN COMPLETED BY BOTH