



ADD OR CHANGE EMPLOYEE INFORMATION FORM

Employee Name:																	
Location:																	
Job Title																	
Start/Effective Date:																	
Salary/Wage/Allowances:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">\$ _____</td> <td><input type="checkbox"/> Annual</td> <td><input type="checkbox"/> Monthly</td> <td><input type="checkbox"/> Hourly</td> </tr> <tr> <td>\$ _____</td> <td><input type="checkbox"/> Auto</td> <td></td> <td></td> </tr> <tr> <td>\$ _____</td> <td><input type="checkbox"/> Housing</td> <td></td> <td></td> </tr> <tr> <td>\$ _____</td> <td><input type="checkbox"/> Expenses</td> <td></td> <td></td> </tr> </table>	\$ _____	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Hourly	\$ _____	<input type="checkbox"/> Auto			\$ _____	<input type="checkbox"/> Housing			\$ _____	<input type="checkbox"/> Expenses		
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Comments and/or description of change:																	
Authorized by:	Date:																