

LONG BUILDING TECHNOLOGIES, INC.
NEW HIRE, TERMINATION, & CHANGE FORM

Forward to HR when form completed.

| | | | | | |
|---|---|--|--|--|------------------------------------|
| EMPLOYEE LAST NAME | | | FIRST | MI | TODAY'S DATE |
| NEW HIRE DATA: <input type="checkbox"/> New Employee <input type="checkbox"/> Rehire (gone > 6 mos) <input type="checkbox"/> Rehire (gone < 6 mos) | | | | | |
| JOB TITLE: | | | | Supervisor: | |
| Status: <input type="checkbox"/> Exempt (no OT) <input type="checkbox"/> Non-exempt (OT) | Position is: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary | Schedule: <input type="checkbox"/> FT (40 Hrs) <input type="checkbox"/> PT: _____ Hrs/wk | Eligible for: <input type="checkbox"/> Mileage or <input type="checkbox"/> Vehicle Allowance | | DEPT # |
| Start Date: | Rate: | <input type="checkbox"/> per Hour <input type="checkbox"/> per Year | Payroll Period: <input type="checkbox"/> Biweekly or <input type="checkbox"/> Weekly | EEID (HR fills out): | |
| Union Member? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Union & Local #? | | | | |
| Will this person be an AUTHORIZED LONG DRIVER? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Did new hire provide a copy of a recent Motor Vehicle Report at time of offer acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| HR needs to be notified within one day of offer acceptance to send to the person a New Hire and Benefit Package as needed. | | | | | |
| PERFORMANCE | | | | | |
| REVIEW SCHEDULE: <input type="checkbox"/> _____ days then Annual <input type="checkbox"/> 6 month Review then Annual <input type="checkbox"/> Annual Only | | | | | |
| PROPERTY ISSUED: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Computer | <input type="checkbox"/> Pager <input type="checkbox"/> Email | <input type="checkbox"/> Desk Phone <input type="checkbox"/> Software | <input type="checkbox"/> Voice Mail <input type="checkbox"/> Security Card | <input type="checkbox"/> Vehicle <input type="checkbox"/> Keys | <input type="checkbox"/> Fuel Card |
| TERMINATION: <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Termination <input type="checkbox"/> Lay Off/Reduction In Force (RIF) | | | | | |
| Voluntary Quit Details: | | | | | |
| Involuntary (Discharged by LONG) Details: Attach all relevant paperwork. | | | | | |
| Laid Off or Reduction Of Force Details: | | | | | |
| Last Date Worked: | | Last Date To be Paid for: | | <input type="checkbox"/> Eligible for Rehire <input type="checkbox"/> Not Eligible for Rehire | |
| Final Paycheck Directions: | | | | | |
| To Be Filled Out by HR: Is Vacation Pay Out owed to Exiting Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Vaca Hours to Pay Out, if any: _____ Benefit Adjusted by HR for Final Paycheck: | | | | | |
| CHANGE: <input type="checkbox"/> Pay Rate <input type="checkbox"/> Title <input type="checkbox"/> Department <input type="checkbox"/> Supervisor <input type="checkbox"/> # of Hours <input type="checkbox"/> Status | | | | | |
| OLD INFO | | NEW INFO | | EFFECTIVE DATE | |
| Rate: <input type="checkbox"/> per Hour <input type="checkbox"/> per Year <input type="checkbox"/> per Month | | Rate: <input type="checkbox"/> per Hour <input type="checkbox"/> per Year <input type="checkbox"/> per Month Reason for Increase: | | Effective Date: | |
| Title: | | New Title: | | Effective Date: | |
| Department Code: | | New Department Code: | | Effective Date: | |
| Supervisor: | | New Supervisor: | | Effective Date: | |
| Schedule: <input type="checkbox"/> FT (40 Hrs) <input type="checkbox"/> PT: _____ Hrs per week | | Schedule: <input type="checkbox"/> FT (40 Hrs) <input type="checkbox"/> PT: _____ Hrs per week | | Effective Date: | |
| Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt (OT) | | Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt (OT) | | Effective Date: | |
| HR Updated System, including WC Code: | | | | | |
| APPROVALS | Supervisor or Manager | | Executive Approval | | HR |
| Signature | | | | | |
| Date | | | | | |