

## Employee Information/Change Form

Company Name	Stephens Little Inc.
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### PERSONAL INFORMATION

Full Name <i>(Last, First, M.I.)</i>			
Address <i>Street Address Apt #</i>			
City State ZIP Code			
Home Phone		Alternate Phone	
E-mail Address			
Social Security Number or Gov't ID		Birth Date	
Marital Status		Spouse's Name	
Spouse's Employer		Spouse Work Phone	

### EMERGENCY CONTACT INFORMATION

Full Name <i>(Last, First, M.I.)</i>			
Address <i>Street Address Apt #</i>			
City State ZIP Code			
Primary Phone		Alternate Phone	
Relationship			

### PAYROLL INFORMATION – TO BE COMPLETED BY EMPLOYER

Employment Status	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>			
Date of Hire		Branch #			
Pay Frequency	Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	Semi-monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	
Pay Rate	\$	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	Commission Only <input type="checkbox"/>	Other <input type="checkbox"/>
Date Entered		Employee #			

### TERMINATION

Termination Date		Reason for Termination	
Eligible for Rehire	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Updated		Reason for Update	
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