CLIENT ID # ☐481 (KLT) ☐482 (NLT)

EMPLOYEE DATA UPDATE

ATTENTION MANAGERS: This form should be completed by Location Managers for any change in employee status, a request to change pay or benefits for an employee, or to report violation of Company policy by an employee. Forward original document to Syndeo for processing to become part of permanent employee file. Make copies for your file as necessary.

EMPLOYEE NAME: ____ SOC SEC #: ___________________ STORE #:_______________

1) GENERAL CHANGES

NAME: ____________________________ PHONE #: __________________ EMAIL: _____________________________________

EMPLOYEE ADDRESS: ____
Street City State Zip

EMERGENCY CONTACT: ________________________ EMERGENCY PHONE #: _______________ MARITAL STATUS: ___________

2) ASE CERTIFICATION(S) Type Added: ____ Date:_____________________

(Changes may affect pay rate)

Type Expired: ____ Date:_____________________

3) CHANGE IN JOB TITLE OR DUTIES

New Title or Duties: ____

Division: ____________ Location: ____________ Dept: ____________ Employment Status: ☐ FT ☐ PT ☐ Seasonal ☐ Variable Hour

W/C Code: ____________ EEO Code: ____________ Benefit Group: ____________

PAY TYPE
☐ Hourly ☐ Salary Non-Exempt
☐Salary Exempt ☐ Commission

4) REQUEST FOR PAY CHANGE Current Pay Rate $_________ Requested Pay Rate $_________

Reasons for requested change? ____

(If pay change stems from annual performance review, attach signed review document)

5) REQUEST FOR BENEFIT CHANGE (circle one) INSURANCE CAFETERIA 401 - K OTHER

Explain change wanted: ____

(Attach documents necessary to implement changes)

6) AUTHORIZATION FOR DEDUCTION

I,____,
(Employee's Name)
Authorize the following deductions from my paycheck as noted below. In the event I separate my employment with The Company, I authorize the remaining balance to be deducted from my final paycheck, in accordance with federal, state, and local laws.

**Contact Payroll Specialist if additional code is needed*

Post-Tax Deductions	Total Amount Due	Per Period Amount
Uniforms	$	$
Merchandise	$	$
EE Loan / Advance	$	$

Deduction Start Date ____________________________________

Deduction End Date ____________________________________

EMPLOYEE SIGNATURE____ Date________________

(Required for benefit change)

7) LEAVE OF ABSENCE (LOA) ☐ FMLA ☐ Work Comp ☐ Medical ☐ Personal

Last Day Worked: ___________________ Anticipated Date of Return: ________________

Returned from Leave: ________________ Release to Work Received ☐Yes ☐No *(Please attach any corresponding information)*

ATTENTION PAYROLL DEPARTMENT

MANAGER: ____ CORPORATE: ____________________________________

REGIONAL MANAGER: __________________________________ EFFECTIVE DATE: ________________________________