Café Reconcile
New Orleans
BUILDING HOPE | CHANGING LIVES

Department: _____

Date Prepared: _____

Effective Date: _____

Personnel Change Form

Type of Change

Check all that apply: _____ **Status** _____ **Termination**

_____ **Rate of Pay** _____ **Personal Info**

Employee Information

Name: _____ Hire Date: _____

Date of Birth: _____ SSN: _____

Street Address: _____ Apt # _____

City, State, ZIP: _____

Telephone: _____ Email: _____

Employee Status

Check One: _____ **Full Time** _____ **Part Time**

Job Title: _____ Hourly Rate: _____

Annual Salary: _____

Termination

Last Date Worked: _____ Termination Date: _____

Check One: _____ **Voluntary** _____ **Discharge**

Reason: _____

_____

_____

Completed By: _____ Date: _____

Administration: _____ Date: _____