

# Prodesse Property Group

Confidential Personnel Report - Employee

Employee Name	(Last)	(First)	(MI)	Current Monthly Salary	
	Position Title		Position Level	\$	
<b>NEW EMPLOYEE</b> Attach: - W-4 - I-9/Backup - Application	Home Address	Street	City	State Zip Code	
	Telephone: ( )	Spouse:			
	Start Date:	Birth Date:			
	Executive	Exempt	Non-Exempt		
	Regular	Temporary	Hours/Week		
	Full Time	Part Time			
	How Hired:	Employment Agency	Ad	Other (specify)	
<b>TERMINATION</b> Attach: - Resignation Letter - Final Timesheet	Last Day Worked	Final Pay Day			
	Voluntary	Involuntary	Layoff		
	Severance Provisions:				
<b>LEAVES</b> - Vacation - Maternity - Absence	Last Day Worked	Date of Return	Total Work Days Missed		
	With Pay	Without Pay			
	Personal	Medical	Other (specify)		
<b>CHANGES</b> Effective Date:  - Position - Transfer - Salary  - Name - Address	Position Change:	Title	Level		
	Transfer:	New Office	New Department		
	Salary Change:	Executive	Exempt	Non-Exempt	
		Regular	Temporary		
		New Monthly Salary	Maximum Salary Allowed Per Policy		
		\$	\$		
	Percent Increase	Maximum Percent Allowed Per Policy			
	%	%			
	Other Compensation: \$				
	Name Change:	Old Name	New Name		
Address Change:	Address Street	City/State	Zip Code	Telephone #	
Date					
Authorizing Signatures					
	Employee	Supervisor(s)	Admin. Approval		

**In order for Employee to be paid, in a timely fashion, this form must be filled out completely with all authorized signatures prior to Payroll Receipt.**