

CHAPTER			EFFECTIVE DATE		
EMPLOYEE NAME			SOCIAL SECURITY NUMBER		
<b>COMPLETE THIS SECTION FOR NEW EMPLOYEES OR ADDRESS CHANGES:</b>					
ADDRESS			HOME TELEPHONE NUMBER		
CITY		STATE	ZIP CODE	MOBILE TELEPHONE NUMBER	
<b>COMPLETE THIS SECTION FOR NEW EMPLOYEES ONLY:</b>					
POSITION		HIRE DATE		DIVISION/DEPARTMENT Pearl Stone Partners	MARITAL STATUS
GENDER		DATE OF BIRTH		EMAIL ADDRESS	
EEO CODE (Select)			ETHNICITY (Select)		
<b>JOB STATUS (Check all applicable)</b> <input type="checkbox"/> SALARIED EXEMPT <input type="checkbox"/> SALARIED NON EXEMPT <input type="checkbox"/> HOURLY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY					
PAY FREQUENCY (Select)		PAY RATE \$		PER (Select):	SHIFT PREMIUM - Not Applicable
<b>COMPLETE THIS SECTION FOR RATE AND SYSTEM ACCESS CHANGES ONLY:</b>					
<b>NEW STATUS (INTERNAL USE ONLY)</b> <input type="checkbox"/> SALARIED EXEMPT <input type="checkbox"/> SALARIED NON EXEMPT <input type="checkbox"/> HOURLY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY					
NEW POSITION		SYSTEM ACCESS			
<b>TYPE OF RATE CHANGE (Check all applicable)</b> <input type="checkbox"/> MERIT <input type="checkbox"/> PROMOTION <input type="checkbox"/> GENERAL <input type="checkbox"/> DEMOTION <input type="checkbox"/> OTHER:					
NEW PAY RATE \$		PER (Select):		SHIFT PREMIUM - Not Applicable	TOTAL \$
<b>COMPLETE THIS SECTION FOR EMPLOYEE TERMINATION AND LEAVE CHANGES ONLY: *DOCUMENTATION REQUIRED</b>					
INVOLUNTARY: DISCHARGE			INVOLUNTARY: LAYOFF		
VOLUNTARY RESIGNATION			MISCELLANEOUS:		
<b>TYPE OF "LEAVE" (Check all applicable)</b> <input type="checkbox"/> FMLA <input type="checkbox"/> MILITARY <input type="checkbox"/> WORKER'S COMPENSATION <input type="checkbox"/> PERSONAL <input type="checkbox"/> OTHER					
COMMENTS:					

WORKSITE (CHAPTER) AUTHORIZING SIGNATURE	TITLE	DATE
PEARL STONE PARTNERS AUTHORIZING SIGNATURE	TITLE	DATE
SYNERGY AUTHORIZING SIGNATURE	TITLE	DATE

Please forward the completed form to [contactus@pearlstonepartners.org](mailto:contactus@pearlstonepartners.org) AND your assigned Human Resources Field Representative