



TEAM MEMBER STATUS REPORT

NAME	Cell Number	EMP. NUMBER
LOCATION	DEPARTMENT	POSITION
		EFFECTIVE DATE OF CHANGE

REASON FOR INDICATED CHANGE	PLEASE CHECK ALL APPROPRIATE BOX:			CHECK IF REQUIRED:	
	<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> REHIRE	<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> E-Mail	
	<input type="checkbox"/> WORK HOURS: FROM ___ TO ___	<input type="checkbox"/> PROMOTION	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> Long Distance Code	
	<input type="checkbox"/> PT(UNDER 30 HOURS)	<input type="checkbox"/> DEMOTION	<input type="checkbox"/> WORKERS' COMP	<input type="checkbox"/> User ID	
	<input type="checkbox"/> FT(30 HOURS OR MORE)	<input type="checkbox"/> TITLE CHANGE		<input type="checkbox"/> Voice Mail Ext # _____	
TRANSFER	FROM	DEALERSHIP	POSITION		
	TO	DEALERSHIP	POSITION		
LEAVE OF ABSENCE (DESCRIBE)					
RETURN FROM LEAVE OF ABSENCE					
OTHER					

PAY INFORMATION	<input type="checkbox"/> SALARIED TEAM MEMBER <input type="checkbox"/> COMISSIONED TEAM MEMBER <input type="checkbox"/> HOURLY TEAM MEMBER		HR USE ONLY		
	PAY PERIOD	PAY PLAN/ SALARY/ WAGE RATE	LABOR DISTRIBUTION		
			%	DEPARTMENT	DEPT. NO.
	<input type="checkbox"/> WEEKLY			NEW CAR	
	<input type="checkbox"/> COMMISSION			USED CAR	
	<input type="checkbox"/> SEMIMONTHLY			SERVICE	
<input type="checkbox"/> MONTHLY			PARTS		
<input type="checkbox"/> OTHER			ADMINISTRATION		
		ERA INITIAL DATE			
		Employee Signature			

AUTHORIZATIONS	CHECK ITEMS TO BE RECIEVED	
	<input type="checkbox"/> DMV SALES LICENSE <input type="checkbox"/> COMPANY VEHICLE <input type="checkbox"/> UNIFORMS <input type="checkbox"/> LOCK BOCK <input type="checkbox"/> KEYS TO BUILDING <input type="checkbox"/> KEY TRAC <input type="checkbox"/> D-TAG <input type="checkbox"/> TOOLS <input type="checkbox"/> OTHER: _____	
	SUPERVISOR	PRINTED NAME DATE
	GENERAL MANAGER	PRINTED NAME DATE
HUMAN RESOURCES	PRINTED NAME DATE	
CORPORATE OFFICER	PRINTED NAME DATE	