



Employee Status Report

Please complete and return to Sara Fuentes.

Location: ☐ State Headquarters ☐ Orphan's Heart ☐ Lakeland ☐ Miami ☐ Jacksonville
☐ Tallahassee ☐ Ft. Myers ☐ Pensacola ☐ Other _____

☐ New Hire Date of hire: _____
☐ Rehire Date of rehire: _____
☐ Termination Date of termination: _____
Reason for termination: _____
☐ Change Date of change: _____ *Fill out name and items changed only.*

Full Legal Name: _____ Preferred Name (if different): _____
Home Address: _____ Date of Birth: _____
City, State, Zip: _____ Gender: ☐ Male ☐ Female
Home Phone: _____ Social Security Number: _____
Spouse's Name: _____

Pay Type: ☐ Salaried Annual Rate: _____
☐ Hourly Hourly Rate: _____
Work Type: ☐ 8842 (works with children) ☐ 8810 (does not work with children)
☐ Full Time ☐ Part Time Hours per pay period: _____ ☐ On Call
Benefits: ☐ Yes ☐ No
PTOs: ☐ 25 ☐ 28 ☐ 30 ☐ 35
Ordained Minister: ☐ Yes ☐ No

Job Title: _____ Department number: _____

Personnel History

Years Experience at Hire: _____ Education Level at Hire: _____
Salary Determination: Base _____
Education _____ Experience _____ Location: _____ Additional Resp: _____
Totally Salary: _____

Comments: _____

Supervisor Approval: _____ Date: _____