



# 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: \_\_\_\_\_