

<b>Employee Name</b> (First Name, Last Name)	
<b>Effective Date of Change</b>	

**Employee Instructions:**

1. Complete this form electronically and be sure to save it as you go.
2. Complete any fields for change below in the “Employee Personal Information” section.
3. Email the form to your HR Representative as soon as possible.

**EMPLOYEE PERSONAL INFORMATION**

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<b>Preferred Pronouns</b> (Ex: She, her, hers. He, him, his. They, them, their. Ze, hir.)	
<b>Preferred First Name</b>	
<b>Formal/Legal First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	
<b>Street Address</b>	
<b>City</b>	
<b>Province/State</b>	
<b>Country</b>	
<b>Zip/Postal Code</b>	
<b>Home Phone Number</b>	
<b>Mobile Phone Number</b>	

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### Set up your HR Department

A complete HR Toolkit for small business to create and maintain your HR fundamentals.

#### Create your HR materials

- 260+ premium templates to create contracts, employee manuals, forms, spreadsheets and manager guides
- Download your HR folders
- Identify your HR priorities
- 22 HR topics
- Create HR intranet

#### Support your HR Function

- COVID-19 Portal
- Legislation Portal
- Remote Workforce Portal
- Mental Health Portal
- Diversity & Inclusion Portal
- Weekly updates, email notifications
- Help & support. With real humans!



### Create HR for Clients

HR Toolkit for Small Business, but made for HR consultants with the following differences:

- Special licensing for use with clients
- Additional module + additional download of pre-assembled folders and templates to create your own master HR toolkit to re-use for new clients
- Pricing.



<b>Do you require accommodations for a disability?</b>	<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No
<b>Medical Alerts</b> Do you have any medical conditions you would like to disclose in the case of a medical emergency?	

**TO BE COMPLETED BY HR**

To reduce the size of this document, remove any rows that do not show a change.

<b>Staff #</b>		
<b>Reason for Data Entry</b>		
<b>Date of Change (YYYY-MM-DD)</b>		
<b>Engagement Status</b>	<input type="checkbox"/> Active <input type="checkbox"/> Leave	<input type="checkbox"/> Laid off <input type="checkbox"/> Terminated
<b>Title</b>		
<b>Department</b>		
<b>Contractor or Employee</b>	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee	
<b>Position Status</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary, full-time <input type="checkbox"/> Temporary, part-time
<b>Pay Type</b>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Project	
<b>FTE</b>		

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<b>Authorized by Next Level Manager (Print Name):</b>	<b>Title:</b>
Signature	
Date	
<b>Authorized by HR (Print Name):</b>	<b>Title:</b>
Signature	
Date	

PREVIEW