

Ingram & Co. Inc. Employee Status Change Form

Phone (480) 967-6466

Fax (480) 967-7114

Employee Name:	Employer:
Employee Number:	Date:

Payroll Change:

Date of Change: _____ (Effective date to implement the change)	<input type="checkbox"/> Pay Change	<input type="checkbox"/> Promotion
	<input type="checkbox"/> Transfer	<input type="checkbox"/> Demotion
Rate of Pay:	From _____	To _____
Change in Position	From _____	To _____

Employee Termination:

Date Terminated:	Eligible for Rehire?	Yes	No
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Reason for Termination (please check one)

<input type="checkbox"/> Lack of Work (permanent/temporary)	<input type="checkbox"/> Leave of Absence (dates)
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Voluntary Quit (may be paid at next scheduled date)

<input type="checkbox"/> Quit - Personal Reasons	<input type="checkbox"/> Violation of Company Policy
<input type="checkbox"/> Quit - Other Employment	<input type="checkbox"/> Absenteeism
<input type="checkbox"/> Quit - Without Notice	<input type="checkbox"/> Tardiness
<input type="checkbox"/> Quit - Moved/Left Area	<input type="checkbox"/> Unsatisfactory Job Performance
<input type="checkbox"/> Dissatisfied with Job.	<input type="checkbox"/> Theft or Dishonest Acts
<input type="checkbox"/> No call/no show	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Discharge: (Must be paid within 7 of EE's working days or next pay period, which ever is sooner)

DETAIL CIRCUMSTANCES (Include dates, rules violated, ext. and attach prior warnings. Be specific. Documentation for discharge becomes a valuable tool in disputing unemployment claims).

Supervisors Signature

FOR Ingram & Co. Inc. OFFICE USE ONLY: Received by: _____ Date _____ Processed by _____
Contract Inactivated (date)

<input type="checkbox"/> - PacifiCare	<input type="checkbox"/> - 401 (k)	<input type="checkbox"/> - Aflac Life	
<input type="checkbox"/> - Fortis Dental	<input type="checkbox"/> - Aflac disability	<input type="checkbox"/> - United Health	