



COMMISSIONAIRES

COMMISSIONAIRE CHANGE

CM: _____

Name: _____

Effective Date: _____

Address: Same New

Telephone: Same New

Transfer: From: _____

To: _____

Promoted: From: _____

To: _____

Reason: _____

ROE Required: Yes No

Reason: (Check Code)

A. Shortage of Work B. Strike or Lockout C. Return to School D. Illness/Injury

E. Quit F. Maternity G. Retirement H. Work Sharing

J. Apprentice Training M. Dismissal N. Leave of Absence P. Parental

K. Other (explain) _____

Payroll Information:

Client: _____

Last Day Worked: _____

Vacation Pay Requested: Yes No

Deduction for Uniform: _____

Submitted By: _____

D Ops: _____

Fin Mgr: _____

Ops Mgr: _____

HR Mgr: _____

Trg Mgr: _____

Admin Clk: _____

Dispr: _____

Admin Mgr: _____ (Last)