

# Lynn's, Inc. & Affiliate Revised 10/2013

## EMPLOYEE STATUS NOTICE

Store: \_\_\_\_\_

Legal Name:		Effective Date:	
Physical Address:			
Mailing Address:			
City:		State:	Zip Code:
		Telephone Number:	
Social Security Number:		Birthdate:	
Department:		Gender: (Circle one) Female Male	
Rate of Pay: Hourly:	Salary:	Status: (Circle one) Full Time Part Time	
Will this employee be working an average of 24 or more hours per week? Yes No			

- \_\_\_\_\_ New Employee
- \_\_\_\_\_ Rehire in Current Calendar Year
- \_\_\_\_\_ Change
- \_\_\_\_\_ Termination

Explanation or Comments:


APPROVED BY: \_\_\_\_\_