

ASSOCIATE PAYROLL ACTION FORM

Associate Name: _____ Associate #: _____

SIGNATURE: _____ DATE: _____

Phone number: _____

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BEREAVEMENT PAY REQUEST

Name of Deceased: _____

Relationship of deceased: _____ Date of Death: _____

Dates of Bereavement Requested: _____

Name of Funeral Home: _____ City/State: _____

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RECORDS RELEASE REQUEST

We cannot release any information to anyone outside the company except for hire date and department worked. Associate signature is required to release any other information. Please use the employment verification service for mortgage/employment verifications.

I request the following information to be released to: Name: _____

(Check one) Pick up in Human Resources ☐ Line 1 ☐ Line 2

☐ Mail to Address: _____

Pay stub/Wage Information for weekending date(s)/Year(s): _____

Attendance Information for Year(s): _____

Other Information: _____

Requests received in Payroll will be processed within 5 business days.

Revision Record		
Date	Revision Information	Approve
7/24/2014	Converted to a controlled document	Sara Turner
10/02/14	Removed 401(k) language	Sara Turner
04/08/2015	Revised PTO	Sara Turner
4/22/2015	Revised child support wording	Sara Turner
10/29/2015	Revised bereavement & PTO cash in	Sara Turner
02/12/2016	Removed PTO cash in	Sara Turner