

**ASSOCIATE PAYROLL ACTION FORM**

**Associate Name:** \_\_\_\_\_ **Associate #:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**BEREAVEMENT PAY REQUEST**

Name of Deceased: \_\_\_\_\_

Relationship of deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Dates of Bereavement Requested: \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_ City/State: \_\_\_\_\_

**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

<b>Date</b>	<b>Revision Information</b>	<b>Approve</b>
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