

BURDG, DUNHAM & ASSOCIATES

Employee Worksheet

DATE: _____

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

HOME PHONE #: _____

MOBILE PHONE: _____

ALTERNATE #: _____

EMAIL ADDRESS: _____

POSITION: _____

DEPARTMENT: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

HIRE DATE: _____

STARTING RATE OF PAY: FROM: _____

TO: _____

PER DIEM (If Applicable) FULL: _____

MEALS: _____

INCREASED RATE OF PAY: _____

EMERGENCY CONTACT NAME: _____

PHONE #: _____

RELATIONSHIP: _____

If you are submitting this form via email, be sure to print the PDF before submitting or save the PDF to your files. You may be asked to provide this completed document in print form by Burdg-Dunham at a later date.

EMPLOYEE SIGNATURE **DATE**

PM/DEPARTMENT MANAGER **DATE**

JIM DUNHAM - V.P. **DATE**

HARRY BURDG - PRES. **DATE**

EFFECTIVE DATE:

Burdg-Dunham does accept digital signatures. By typing in your name in the Signature field of this form and submitting via email, your signature provided in the data submitted will be considered legally binding.

NEW HIRE **PERFORMANCE REVIEW**

PROMOTION **LAYOFF**

CHANGE IN DEPT. CLASSIFICATION

PROBATION COMPLETED/ 90 D.

TERMINATION

*****ALL RATE OF PAY CHANGES MUST BE ACCOMPANIED WITH A PERFORMANCE REVIEW*****

COMMENTS: (IF TERMINATION, PROVIDE REASON & DOCUMENTATION)