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|  | **FIRST NAME** | **LAST NAME** | | **M.I.** |  |
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|  | **DEPARTMENT** | | **EMPLOYEE #** |  |  |



**ASSOCIATE ACTION**

**FORM**

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| **TRANSFER / JOB CHANGE / RETURN FROM LOA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EFFECTIVE DATE OF CHANGE (MM/DD/YYYY)** | | | | | |  | **OLD POSITION** | | | | | | | | | | | **OLD STATUS** | | | | | | | | **OLD RATE OF PAY** | | | |
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| **STATUS OPTIONS:** | | | | **Full Time >30 Hrs/Wk** | | | | | | **Part Time <30 Hrs/Wk** | | | | | | | | | **Temp/Seasonal <90 Days** | | | | | | | | | | |
|  | | | | **Full Time Union** | | | | | | **Part Time Union** | | | | | | | | | **Casual <8 Hrs/Wk** | | | | | | | | | | |
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| **TIME AWAY FROM WORK & OTHER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | **S.T.B.H.** | | | | | |  | | **Incentive: $** | | | | | | | | | | | **Other:** | |
| **Vacation:** | | | **Sick Pay:** | | | | | **Bereavement:** | | | | | **Opting Out of Duty Meal Benefit** | | | | | | | | | | | |  | |  | | |
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| **DATE(S) REQUESTED** | | | | | | | | | | | | | | **# OF DAYS TO PAY** | | | | | | | | | **DATE TO BE PAID ON (MM/DD/YYYY)** | | | | | | |
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| **CHANGE OF PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **NEW STREET ADDRESS** | | | | |  | | | | | | | **CITY** | | | | | | | | | | | | **POSTAL CODE** | | | | | |
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| **PHONE NUMBER** | | | | | **EMAIL** | | | | | | |  | | | | | | | | |  | | | | | | | | |
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| **TERMINATION OF EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TERMINATION DATE (MM/DD/YYYY)** | | | | | | | | | | | | | | | | **LAST DAY WORKED (MM/DD/YYYY)** | | | | | | | | | | | | | |
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| **TERMINATION REASON** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **HOTEL PROPERTY / UNIFORM RETURNED?**  **Yes**  **No (if no, deposit will not be returned)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **ASSOCIATE SIGNATURE** | | | | | | | | | | | | | | | | | | | | **DATE (MM/DD/YYYY)** | | | | | | |  |
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|  | **MANAGER SIGNATURE** | | | | | | | | | | | | | | | | | | | | **DATE (MM/DD/YYYY)** | | | | | | |  |
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|  | **APPROVING MANAGER SIGNATURE (IF REQUIRED)** | | | | | | | | | | | | | | | | | | | | **DATE (MM/DD/YYYY)** | | | | | | |  |
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|  | **PAYROLL SIGNATURE** | | | | | | | | | | | | | | | | | | | | **DATE (MM/DD/YYYY)** | | | | | | |  |