

**RIESBECK FOOD MARKETS, INC.**  
**PERSONNEL CHANGE FORM/NEW EMPLOYEE FORM**

No. \_\_\_\_\_ Dept. \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Type of Change  
(check one)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1.  New Employee

Store No. and Dept. \_\_\_\_\_ Phone \_\_\_\_\_

2.  Reinstatement

Social Security No. \_\_\_\_\_ DOB \_\_\_\_\_

3.  Transfer

Sex \_\_\_\_\_ Race \_\_\_\_\_ Wage Rate \_\_\_\_\_

4.  Social Security No.

Full Time Date \_\_\_\_\_ Part Time Date \_\_\_\_\_

5.  Name

Job Classification \_\_\_\_\_

6.  Insurance Deduction

Remarks \_\_\_\_\_

7.  Address/Phone

8.  Full Time Date

9.  Part Time Date

Effective Date of Change \_\_\_\_\_ Manager \_\_\_\_\_

10.  Job Classification

Payroll \_\_\_\_\_

11.  Wage Rate

Personnel \_\_\_\_\_

12.  Other (Specify)

Date \_\_\_\_\_ Employee's Signature \_\_\_\_\_