FM Employee Process Update

Effective Date

Name   Last 4 SSN

Employee ID #   AD #
Clock #   WIN #

Current Position #	
Current Title	
Curent G/L Combo Code	
Current Labor Grade	
Current Shop/Zone/Region/ Building	
Current Charge Rate	
Date in Bargaining Unit	
Date in Classisficaiton	
Date in Division	

New Position #	
New Title	
New G/L Combo Code	
New Labor Grade	
New Shop/Zone/Region/ Building	
New Charge Rate	
Date in Bargaining Unit	
Date in Classification	
Date in Division	

Action:

Notes: