

Employee Information Record

From the AAPPm Resource Center



American Academy of Podiatric Practice Management

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**Employee Information Record
Confidential**

Date _____

Employee Name _____

Address _____

_____ Street Address _____ City _____ State _____ Zip

Telephone # _____ Cell Phone # _____

Social Security Number _____ Birth Date _____

Emergency Information

Contact Person _____ Relationship _____

Home Phone # _____ Work # _____

Address _____

_____ Street Address _____ City _____ State _____ Zip

For Internal Office Use Only

_____ Date of hire

_____ Initial period ends

_____ Beginning salary

Hr Day Wk Mo
Circle One

_____ Date eligible for benefits

_____ Type of benefits

_____ Date of Termination

_____ Wage at exit

Reason for Separation

Provided:

_____ Letter of Recommendation

_____ Severance

_____ Retirement Plan Funds

_____ Unused Benefit Compensation

Office Property Returned:

_____ Office Keys

_____ Policy Manuals

_____ Any Pertinent Office Documentation

Other Notes:

Signed/Dated _____