

LEN-CO LUMBER EMPLOYEE CONTACT INFO FORM

DATE OF UPDATE -->	EMPLOYEE NUMBER--->
EMPLOYEE'S NAME (FIRST, MIDDLE & LAST)-->	
DATE OF BIRTH-->	LAST 4 SS#-->
HIRED DATE (MONTH & YEAR)-->	
ADDRESS (STREET NUMBER & NAME)-->	
ADDRESS (CITY, STATE & ZIP)-->	
PHONE NUMBER (BEST CONTACT & ALTERNATE)-->	
E-MAIL-->	
<i>NOTE: IT IS THE EMPLOYEE'S RESPONSIBILTY TO KEEP INFORMATION CURRENT WITH LEN-CO'S OFFICE</i>	

OFFICE USE ONLY		
PART TIME OR FULL TIME	(TYPE "FULL" OR "PART" HERE)--->	
STARTING DATE --->	STORE--->	RATE PER HOUR--->
UNUM LIFE & EXTENDED DISABILITY	("YES" OR "NO" HERE)--->	
WELLNESS DISCOUNT PLAN	("YES" OR "NO" HERE)--->	
HEALTH INSURANCE	("YES" OR "NO" HERE)--->	PLAN --->