

DAILY TIME SLIP

NAME _____ DATE _____
 No. _____

ORDER No.	OPERATION	TIME START	TIME STOP	✓	ELAPSED TIME

APPROVED _____ FOREMAN _____ TIMEKEEPER _____

RATE CHANGE NOTICE

EMPLOYEE _____ DATE _____
 DEPARTMENT _____ SHIFT _____
 EMPLOYEE # _____ OPERATION _____
 CHANGE FROM _____ PER _____ TO _____ PER _____
 REASON FOR CHANGE _____

 EFFECTIVE DATE OF CHANGE _____

RECOMMENDED BY _____ O.K.'d BY _____ APPROVED BY _____

NEW EMPLOYEE NOTICE

DEPARTMENT _____ DATE _____
 NAME _____ SOC. SEC. # _____
 ADDRESS _____ EMPLOYEE # _____
 CITY _____ STATE _____ ZIP _____
 DATE OF BIRTH _____ SHIFT _____
 IF WORKED HERE BEFORE, STATE WHEN, ETC. _____

 ENTER ON PAY ROLL _____ PIECEWORK _____ TIMEWORK _____ RATE _____
 HIRED BY _____ APPROVED BY _____