

Golightly and Long, LLC
Employee Information Change Form
(Please print)

Effective Date: ___/___/_____ Store # _____

Job Title Change To:

- Customer Service Representative
- Assistant Manager
- Store Manager

Mr. Mrs. Ms.

First Name: _____ MI _____

Last Name: _____

Note Address & phone changes below:

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____-_____

Rate changes:

Hourly Rate of Pay: Old rate \$_____ New Rate \$_____

(All rate changes are effective at the beginning of the next payroll after date noted above)

Comments: _____

Store Manager Signature: _____

Employee Signature: _____