# EMPLOYEE TRACKING SHEET

| Employee Name: | | Personal email: | | | | | |

| Address: | City: | CA | Zip: | Phone: | Date: |
|---|---|---|---|---|---|
| Address: | City: | CA | Zip: | Phone: | Date: |
| Address: | City: | CA | Zip: | Phone: | Date: |

| Social Security #: | DOB: | Gender: |
|---|---|---|

| Emergency Data | Contact: | Relation: | Phone: |
|---|---|---|---|
| | Contact: | Relation: | Phone: |

| Department / Site: | Hrs. Per Day: | Weeks Per Year : |
|---|---|---|

| Medical Carrier: | Dept. Coverage:  YES or NO | Life Opt. : | Annual: |
|---|---|---|---|

## POSITION HISTORY

| Effective Date | Classification | Department | RFT or Temp. | Class Code | Hourly Rate | Step | Reason For Change |
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