

Employee Status Change Form

Brandywine OPS LLC

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Home #: _____ Cell #: _____

Emergency Contact: _____

401(k): Please note if % or flat amount

Current _____ New: _____

Wage Increases:

Current Rate: _____ Date/Amount of last increase: _____

Proposed Increase: _____

Comments: _____

Position and length of service: _____

Approved Rate: _____ Effective Date: _____

Manager Signature & Date: _____

CEO Signature & Date: _____