PAYROLL INFORMATION
(TO BE COMPLETED BY SUPERVISORY PERSONNEL)

EMPLOYEE'S NAME (Print)_____

EMPLOYEE'S NUMBER_____

Pay Effective Date	Hourly – Salary - Flat Rate – Pay Plan **(circle one)** $ Per		Scheduled 4 – 10 hour days? Yes or No
Reason for Pay Adjustment			Rehire? Yes or No
Hours Per Week (if part time)	Position		Location
Supervisor	**Dept:** (Circle)	NC UC Sales Service Detail Lot Parts BDC Collision Admin OTR Driver Motorclothes Corporate	Date of Transfer
Employment Status Full Time _____ Part Time _____ Temporary_____		**Transferred**: **From**-Location & Position **To**-Location & Position	Comments:

Completed By Manager:

Intercompany Employee

YES or NO?

If Yes, Indicate Store Split by %.

___ Chevy ____ Dodge ____ Marion VW

___ BGC ___ Dav ___ Dub VW ___ Dub Chevy

___ FORD ____ Coralville ___ Westdale

SUPERVISOR'S NAME (PRINT) SUPERVISOR'S SIGNATURE DATE

HUMAN RESOURCE'S SIGNATURE (PRINT) HUMAN RESOURCES SIGNATURE DATE

For Office Use Only:

	DBQ Chevy Only:	
_____ PBS Service Tech Rate _____ ADP Service Tech Rate 4 _____ PBS Detail Tech Rate _____ ADP Detail Tech Rate 4	___ PBS Service/Detail Tech Rate ___ ADP Service Tech Rate 4 ___ ADP Detail Tech Rate 4 ___ Benefits Eligibility Class	_____ _____ Payroll Rep Date _____ _____ Reviewing Payroll Rep Date