

Employment Relationship Status Form

Employee Information:

Full Name: _____

Employee ID: _____

Department: _____

Contact Information: _____

Current Employment Relationship:

- Permanent Employee
- Temporary Employee
- Contractual Employee
- Intern

Details of Relationship:

Start Date: _____

End Date (if applicable): _____

Supervisor/Manager Name: _____

Acknowledgment of Terms:

I confirm that the information provided is accurate and reflects my current employment relationship status with the company.

Employee Signature: _____

Date: _____

Manager's Name: _____

Manager's Signature: _____

Date: _____