



Please fill: STATUS SHEET

Do not submit if you do not trust the requesting party or if you suspect phishing or fraudulent activity

By form filling, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with Ursala Tora - Papa Johns.

Cancel

Submit

LAST DAY WORKED: (required) [] TERMINATION DATE: []

VOLUNTARY QUIT/RESIGNATION DISCHARGED
 Employee Consultation Form Attached (REQUIRED)

REASON FOR TERMINATION (required): []

ELIGIBLE FOR REHIRE NOT ELIGIBLE FOR REHIRE

ITEMS RETURNED: Car Topper & Cord Uniform Shirt Uniform Hat Apron

PROCESSED BY: [] DATE: []

VACATION / SICK LEAVE
 All Vacation and Sick Leave should be submitted to Supervisor IN ADVANCE for approval.

DATE(S) REQUESTED: [] TYPE OF LEAVE: VACATION SICK JNPAID

TOTAL HRS / DAYS REQUESTED: []
(SALARIED Employees: leave taken in 1 day increments)

APPROVED BY: [] SUPERVISOR DATE: []

-FOR PAYROLL USE-	
HOURLY	SALARY
AVAILABLE PTO HRS: []	AVAILABLE PTO HRS: []
PTO HRS TAKEN: []	PTO HRS TAKEN: []
PAY RATE: \$ [] /HR	SALARY: \$ [] /WK
VAC PAY: \$ []	DAY RATE: \$ [] /DAY
	VAC PAY: \$ []
	SICK PAY: \$ []
	SALARY: \$ []

PERMANENT TRANSFER

EFFECTIVE DATE: [] FROM STORE: [] TO STORE: []

POSITION CHANGE (if any) FROM: [] TO: []

PAY CHANGE (if any) FROM: [] TO: []

APPROVED BY: [] DATE: []

Updated: 10/15/2022