

TEAM MEMBER RECORDS REVIEW REQUEST
OHIO FORMER TEAM MEMBER
FILE REQUEST

NAME		TODAY'S DATE
UNIT / STORE / DEPARTMENT	BIRTH DATE	EMPLID
WORK EXTENSION	HOME PHONE NUMBER	CELL PHONE NUMBER
TEAM LEADER / FIRST ASSISTANT		

UNIT FILE DEFINITION FOR FORMER OHIO TEAM MEMBERS

UNIT FILE: Your unit file may contain information regarding things such as work performance, attendance, licenses, and permits.

PAYROLL FILE: Your payroll file may contain information regarding things such as employment application, pay records, changes of status, withholding exemption certificate, and orientation checklist.

Please allow up to four weeks to process your request.

Check the file(s) you wish to review. If you need a specific document, please check the box for quicker processing:

- | | |
|---------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Payroll File | <input type="checkbox"/> Unit File |
| <input type="checkbox"/> Employment Application | <input type="checkbox"/> Performance Reviews |
| <input type="checkbox"/> Structured Interview Questions | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> SSN Card & Driver's License | |
| <input type="checkbox"/> Company Policies and Procedures | |
| <input type="checkbox"/> W-4 Employee's Withholding Exemption Certificate | |
| <input type="checkbox"/> Change of Status | |
| <input type="checkbox"/> Union Application | |
| <input type="checkbox"/> Basic Training Sheet | |
| | <input type="checkbox"/> Other _____ |

SIGNATURE (Required)

RETURN TO:

Southern Region Office
 Attn: Tina Schoenhofer
 7390 Tylersville Road
 West Chester, OH 45069-1522

Distribution/Manufactuing
 Attn: Lisa Kertchaval
 2929 Walker, NW
 Grand Rapids, MI 49544

Central Region Office
 Attn: Tammy Garrison
 6309 Lima Road
 Fort Wayne, IN 46818-1425

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Name _____
 Address _____
 City/State/Zip _____

