



WAITING PERIOD CHANGE REQUEST

GROUP #					
GROUP NAME					
EFFECTIVE DATE					
EMPLOYEE WAITING PERIOD					
HOURLY					
<input type="checkbox"/> Date of Hire	<input type="checkbox"/> 1 st of Month after Date of Hire	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> Other, specify
SALARIED					
<input type="checkbox"/> Date of Hire	<input type="checkbox"/> 1 st of Month after Date of Hire	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> Other, specify
MANAGEMENT					
<input type="checkbox"/> Date of Hire	<input type="checkbox"/> 1 st of Month after Date of Hire	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> Other, specify
OTHER, PLEASE SPECIFY:					
<input type="checkbox"/> Date of Hire	<input type="checkbox"/> 1 st of Month after Date of Hire	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> Other, specify
<p><i>Changes in waiting period can be made once yearly and will affect all hires. By signing below you authorize a change in your employee-waiting period and acknowledge you understand this waiting period will be effective for one full year from the effective date noted above.</i></p>					
PRINT NAME:			TITLE:		
SIGNATURE:			DATE:		

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