



MIDWEST OPERATING ENGINEERS EMPLOYEE INFORMATION FORM

The Employer must complete this form in its entirety and return it as soon as possible by fax to the Accounts Receivable Department at (708) 482-3756.

EMPLOYER INFORMATION

Employer Name:	Employer #:
Employer Fringe Benefit Contact Name:	
Phone Number:	Email:

EMPLOYEE INFORMATION

Please select one:

- New Hire
 New Owner-Operator or Relative
 Re-Hire
 Layoff
 Termination
 Retirement

Employment Status Change Effective Date: _____

Name:	Social Security #:	
Date of Birth:	Phone Number:	
Street Address:		
City:	State:	Zip Code:
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time/Seasonal	Union Local #:	
Job Title:	Rate of Pay: \$	

This form must be completed every time an Employee has an employment status change.

If you have any questions, please contact the Accounts Receivable Department at (708) 579-6620. If your company's address, phone number, or point of contact information has changed, be sure to update your company's information in the I-Remit Portal.