
**HUMAN RELATIONS
EMPLOYEES TRANSACTION FORM**

DATE OF INFORMATION: _____

EMPLOYEE INFORMATION

(Please print)

EMPLOYEES NAME: _____

WORK LOCATION: _____

REASON FOR REQUEST

(PLACE AN "X" ON REQUEST THAT FITS THE MEMBER'S CIRCUMSTANCES)

RETIREMENT _____ **RETIREMENT DATE** _____ **YRS OF SERVICE** _____

DEATH _____ **FAMILY MEMBER (MOM, DAD ETC)** _____ **MEMBER** _____

NEW BORN _____ **BOY OR GIRL** _____

ILLNESS _____ **NATURE OF ILLNESS** _____

OTHER: _____

PERSON TAKING INFORMATION** _____

(THIS IS IN CASE THERE ARE ANY QUESTIONS CONCERNING THE EMPLOYEE'S INFORMATION)

ADDITIONAL INFORMATION

BIBLE PREFERENCE: _____

WAS BIBLE GIVEN: _____

FAX TO (602) 0 437-2070 – APWU OFFICE
