

ATTENTION NEW EMPLOYEES

THIS IS THE ONLY WAY TO REQUEST PAID TIME OFF. THIS FORM MUST BE COMPLETED IN FULL, EVERY LINE PLEASE. VIEW COMPANY BULLETIN BOARD

YOU WILL RECEIVE AN EMAIL SHORTLY AFTER START DATE WITH LOG IN DETAILS FROM WWW.WHENTOWORK.COM

NAME			_
CELL PHONE			_
START DATE			_
DEPARTMENT & POSITION			_
EMAIL ADDRESS	Please print clearly		_
CURRENT ADDRESS			_
CITY	STATE	ZIP	
DO NOT TURN IN WITHOU	T EMAIL ADDRESS, YOU MUST	HAVE AN EMA	IL ADDRESS TO WORK HERE.
In consent to receiving cons	ional business valated toyt or call		
in consent to receiving occas	ional business related text or call	5	signature
			Date

Sharpnack Auto Group

Willard Ohio 44890 revised 03/19