AFC UNIT _____ **P100**

ARKANSAS FORESTRY COMMISSION BI-WEEKLY PERSONNEL/PAYROLL RECORD

PERIOD COVERED: FROM_____ TO _____

Name & AASIS #	Title	Employee Additions/Deletions/Changes					Address Change
		New Hire Date	Termination or Retire Date	LWOP Date	W/COMP* Date	Reinstatement Date	

* Workers Compensation

Mail or fax this form to AFC Personnel/Payroll no later than Monday after the end of the pay period. **This form is a requirement to verify payroll accuracy each pay period.** If no changes occur in employee status, a **NO CHANGE** report is required.

Mail To: **ARKANSAS FORESTRY COMMISSION**
PERSONNEL DEPARTMENT
3821 WEST ROOSEVELT ROAD
LITTLE ROCK, AR 72204-6396

Fax to: **PERSONNEL DEPARTMENT**
501/296-1973

I hereby certify that the above information contains all employee payroll additions, deletions, changes, and address changes for my AFC supervisory unit for the pay period specified.

_____ _____ _____

Supervisor Signature Title Date

10/1/2003