

COASTAL TRANSPORT CO., INC.

1603 Ackerman Road
San Antonio, TX 78219

PERSONNEL CHANGE AUTHORIZATION

DATE: _____ **TERMINAL:** _____ **EMPLOYEE #:** _____

NAME: _____ **SOCIAL SECURITY NUMBER:** _____ - _____ - _____

EFFECTIVE DATE: _____

Title: _____ Rate: \$ _____ Per Month / Hour

Rate Change from: \$ _____ to: \$ _____ Per Month / Hour

Title Change from: _____ to: _____

Terminal Transfer from: _____ to: _____

Termination – Effective Date: _____ Last Day Worked: _____

Resignation – Effective Date: _____ Last Day Worked: _____

Bereavement – Attach a Copy of Obituary – pay from: _____ to: _____
(date) (date)

Jury Duty – Attach a Copy of Summons – pay from: _____ to: _____
(date) (date)

Eligible For Rehire Review Required Before Rehire Ineligible For Rehire

REASON FOR CHANGE: _____

I HAVE READ AND UNDERSTAND THIS CHANGE _____
(EMPLOYEE'S SIGNATURE) (DATE)

APPROVED BY: _____
(SUPERVISOR) (TITLE) (DATE)

(MANAGEMENT) (TITLE) (DATE)

(MANAGEMENT) (TITLE) (DATE)