

Florida Department of Agriculture and Consumer Services
 Division of Licensing

EMPLOYEE ACTION REPORT

Chapter 493, Florida Statutes

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691

Internet Address: <http://mylicensesite.com>

ADAM H. PUTNAM
 COMMISSIONER

NOTE: Place numbers and letters inside the blocks (see sample at right).

SAMPLE

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USE OF SOCIAL SECURITY NUMBERS The submission of the applicant's or licensee's social security number is voluntary and is requested pursuant to sections 119.071(5)(a)2, 493.6105(3)(d), 493.6304(2)(a) and 493.6406(2)(a) Florida Statutes, for identification purposes, to prevent misidentification, and to facilitate the approval process.

SECTION I. LICENSEE INFORMATION

SOCIAL SECURITY NO. <input type="text"/>	PRIMARY PHONE NO. <input type="text"/>	ALTERNATE PHONE NO. <input type="text"/>
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LAST NAME <input type="text"/>	FIRST NAME <input type="text"/>	MI <input type="text"/>
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LICENSE NUMBER <input type="text"/>	EXPIRATION DATE <input type="text"/>	LICENSE NUMBER <input type="text"/>	EXPIRATION DATE <input type="text"/>
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ACTION TAKEN <input type="radio"/> Employee Hire <input type="radio"/> Employee Termination <input type="radio"/> Designated Manager:	DATE HIRED <input type="text"/>	<input type="radio"/> Reassigned to Nonregulated Duties	DATE REASSIGNED <input type="text"/>
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<input type="radio"/> Reassigned	<input type="radio"/> Discharged If employee was discharged, please state reason in <i>Remarks</i> section below.
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DATE TERMINATED <input type="text"/>	Reason for Termination <input type="radio"/> Reassigned <input type="radio"/> Discharged	DATE ASSIGNED <input type="text"/>
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Remarks:

RESIDENCE ADDRESS

CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/> - <input type="text"/>
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MAILING ADDRESS

CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/> - <input type="text"/>
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SECTION II. AGENCY INFORMATION

AGENCY NAME

LICENSE NUMBER <input type="text"/>	EXPIRATION DATE <input type="text"/>	PHONE NUMBER <input type="text"/>
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Agency Representative Name (Please Print Name)

Signature

Date Signed

