

# TELEPHONE LISTING

(PLEASE PRINT OR TYPE ALL INFORMATION)

<b>Date:</b>	<b>Agency/Department:</b> Department of Commerce	<b>Section/Division:</b>	<b>Location:</b>
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<u>LAST</u>	<u>FIRST</u>	<u>MI</u>	<u>SUFFIX</u>
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## EMPLOYEE STATUS

<input type="checkbox"/> <b>NEW HIRE OR REINSTATEMENT</b>	<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>E-MAIL ADDRESS</b>
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<input type="checkbox"/> <b>TRANSFER FROM OTHER AGENCY</b>	<b>NEW TELEPHONE NUMBER</b>
<input type="checkbox"/> <b>MOVING WITHIN AGENCY</b>	<b>NEW TELEPHONE NUMBER</b>

<input type="checkbox"/> <b>RESIGNATION/RETIREMENT/TERMINATION</b>	<b>TELEPHONE NUMBER</b>
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<input type="checkbox"/> <b>POSITION TITLE/WORKING TITLE</b>
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Completion of this form is necessary to assure that this individual is listed in the Commerce Telephone Directory.