

AARP Tax-Aide

Personnel Form

_____ Leaders

_____ Non-Leaders

(does not hold any leadership titles)

Check the appropriate category above that applies to this request

TO: **ADMINISTRATIVE SPECIALIST**

DATE _____

SPLIT _____

FROM: _____ ID#: _____ STATE: _____ STATE _____ (CA, FL, IL, KS, MO, MN, DESIGNATOR NC, NY, OH, PA, TX ONLY)

NEW ___ (fill in all data, including title(s); leave ID# blank) ID#(if known) _____
CHANGE ___ (fill in ID, name, position, changes, titles to add or end) ADD TITLE(S) _____
INACTIVE ___ (fill in ID and name only; **All** titles will be ended) END TITLE(S) _____
EFFECTIVE DATE _____ YEAR STARTED IN PROGRAM _____

NAME (Mr./Mrs./Ms.) _____
First MI Last

ADDRESS _____ (✓ to add as seasonal address)

(dates: From ___/___/___ to ___/___/___)

CITY, STATE, ZIP _____ PHONE _____

FAX _____

E-MAIL _____

Will report to: NAME _____ ID# _____

NEW ___ (fill in all data, including title(s); leave ID# blank) ID#(if known) _____
CHANGE ___ (fill in ID, name, position, changes, titles to add or end) ADD TITLE(S) _____
INACTIVE ___ (fill in ID and name only; **All** titles will be ended) END TITLE(S) _____
EFFECTIVE DATE _____ YEAR STARTED IN PROGRAM _____

NAME (Mr./Mrs./Ms.) _____
First MI Last

ADDRESS _____ (✓ to add as seasonal address)

(dates: From ___/___/___ to ___/___/___)

CITY, STATE, ZIP _____ PHONE _____

FAX _____

E-MAIL _____

Will report to: NAME _____ ID# _____

ADMINISTRATIVE SPECIALIST'S SIGNATURE: _____ ID# _____

Use this form for all NEW or omitted volunteers & any changes/deletions not made on the Leadership or All Volunteer Rosters.

DISTRIBUTION: Original-to national through Administrative Specialist, Yellow-ADS, Pink-DC, Goldenrod-Originator