Revised 12/2010

ABC Sales Associate Cashier Number Assignment

District: _____ Store: _____ Store Location: _____

Employee Name: _____

Effective Employment Date: _____

Cashier Number: _____

The cashier number and password will be assigned by SOC

Submit the completed form by e-mail to:
ABC Store Operations Control (SOC)

or fax to:
334-260-5462