

STATUS CHANGE FORM

To be completed by the Treasurer or other appropriate personnel in the governmental unit.

CHECK APPLICABLE BLOCK(S)

<input type="checkbox"/> Name Change	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Workers Compensation	EFFECTIVE DATE OF CHANGE ____/____/____
<input type="checkbox"/> Salary Change	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Short-term Layoff	
<input type="checkbox"/> Job/Title Change	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Other (Specify)	

GENERAL

Employee Name (Last, First, MI) SS. #

Termination or resignation: Please use the "Notice of Separation" form.

CHANGE OF ADDRESS

New Address (Street, City, Zip) Telephone
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CHANGE OF NAME *We need to be accurate with the IRS. Please provide a photocopy of the new social security card.

Present Name (Last, First, MI)

New Name (Last, First, MI)

Comments:

Return date for: Short-term Layoff, Leave of Absence, Workers Compensation

SIGNATURE AND APPROVAL

Unit Treasurer Date

For Office Use Only:

FRRS Representative Signature: Date Inputted: