

STATUS CHANGE FORM (SCF)

Termination or resignation? - Please use the "Notice of Separation" (NOS)
 Changing or adding position? - please use the "Position Information Form" (PIF)

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

CHECK APPLICABLE BLOCK(S)

Name Change	Change of Address	Workers Compensation	EFFECTIVE DATE OF CHANGE _____
Salary or Hours Change	Marital Status	Short-term Layoff	
Job Description Change	Leave of Absence	Other (Specify)	

Employee Name (Last, First, MI)

Last 4 of SSN:

XXX-XX-

CHANGE OF ADDRESS

New Address (Street, City, Zip)

Telephone

()

CHANGE OF NAME

***We need to be accurate with the IRS. Please provide a photocopy of the new social security card.**

New Name (Last, First, MI)

Return date for:

(Short-term layoff, Leave of Absence, Workers Compensation) _____

Comments:

UNIT NAME:

SIGNATURE AND APPROVAL

Unit Treasurer

Date

For Office Use Only:

FRRS Representative Signature:

Input Date:

Termination or resignation? - Please use the "Notice of Separation" (NOS)
 Changing or adding position? - please use the "Position Information Form" (PIF)