

NEW HIRE/REHIRE/TERMINATION STATUS CHANGE FORM

Date Completed: _____

EMPLOYER: _____

Branch Employed at (if applicable): _____

Work Phone #: (____) ____ - _____

Fax #: (____) ____ - _____

(Please check all applicable categories:)

- _____ **NEW MEMBER**
- _____ Permanent **Full-time**
- _____ Permanent **Part-time**
 - _____ Over 89 hours per month
 - _____ Under 89 hours per month
- _____ Temporary (please indicate how long? _____)

_____ **TERMINATION** Date: _____

_____ **LAYOFF** Date: _____

_____ **RETIREMENT** Date: _____

_____ **MEDICAL LEAVE** Paid or Unpaid (*circle one*)
Dates From/To _____

- _____ **REHIRE**
- _____ Permanent **Full-time**
- _____ Permanent **Part-time**
 - _____ Over 89 hours per month
 - _____ Under 89 hours per month
- _____ Temporary (please indicate how long? _____)

_____ **UNPAID LEAVE OF ABSENCE**
Dates From/To _____

_____ **NAME AND/OR ADDRESS CHANGE**
(Please fill in below)

_____ **OTHER** (*please explain*) _____

DATE OF HIRE/REHIRE: _____

HOURLY RATE OF PAY: _____

JOB CLASSIFICATION: _____

EMPLOYEE NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: (____) ____ - _____ SOC. SEC. #: ____ - ____ - _____ BIRTH DATE _____

FORM COMPLETED BY: _____

TITLE: _____ PHONE #: (____) _____