

Effective Date: \_\_ / \_\_ / \_\_



EMPLOYEE INFORMATION FOR:  
STATUS CHANGE

Status Change:  Yes  NO      Term:  Yes  NO

TODAYS DATE: \_\_\_\_\_

Client Number: \_\_\_\_\_ Client Name: \_\_\_\_\_

**Personal Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Job Information**

Date of Term: \_\_ / \_\_ / \_\_      Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title / Position: \_\_\_\_\_

**Term Information:**

Terminated Reason \_\_\_\_\_

Laid Off Reason \_\_\_\_\_

Employee Self Termination \_\_\_\_\_

NOTE: EMPLOYEE MUST NOTIFY YOU OF ADDRESS CHANGES FOR W-2'S IN JANUARY OF FOLLOWING YEAR.