

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)

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

Employee Name (Last, First, MI)

Last 4 of SSN:

	XXX-XX-	
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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.**

New Name (Last, First, MI)

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Return date for:

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

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Comments:

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UNIT NAME:

SIGNATURE AND APPROVAL

Unit Treasurer

Date

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For Office Use Only:

FRRS Representative Signature:

Input Date:

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