
EMPLOYEE STATUS CHANGE FORM

Participant's Name: _____

Employee's Name(**one name per form**): _____

Date last worked: _____

Reasons for Leaving:

Voluntary (the employee resigns)

- Another Job
- Relocation
- Returning to College/School
- Personal Reasons
- Retirement
- Job Abandonment (left without providing notice)
- Other

Specify if other: _____

Involuntary (the employee is terminated)

- Absenteeism
- Unsatisfactory Job Performance
- Other

Specify if other: _____

Name of person completing form: _____

Date form completed: _____

Human Resources to complete only

Did employee receive Medical/Dental/Vision Insurance Benefits? YES NO

Is employee eligible for rehire? YES NO

If not eligible, explain: _____