

Submit all other employee and dependent changes on the Employee Change Form.

		Company name			Group/unit number				
Requested Change									
Employee Information		Terminate Employee or Ineligible Dependent		Salary & Mode		Change Employee		Other Requests or Comments	
First name/Last name		left employment	death	\$ _____	job class	unit			
Member ID or SS number		layoff/leave	strike		yr	wk			
Date of change		ineligible: _____		mo	hr	location			
		dependent name: _____		bi-wkly		To: _____			
		last day worked: _____							
First name/Last name		left employment	death	\$ _____	job class	unit			
Member ID or SS number		layoff/leave	strike		yr	wk			
Date of change		ineligible: _____		mo	hr	location			
		dependent name: _____		bi-wkly		To: _____			
		last day worked: _____							
First name/Last name		left employment	death	\$ _____	job class	unit			
Member ID or SS number		layoff/leave	strike		yr	wk			
Date of change		ineligible: _____		mo	hr	location			
		dependent name: _____		bi-wkly		To: _____			
		last day worked: _____							
First name/Last name		left employment	death	\$ _____	job class	unit			
Member ID or SS number		layoff/leave	strike		yr	wk			
Date of change		ineligible: _____		mo	hr	location			
		dependent name: _____		bi-wkly		To: _____			
		last day worked: _____							
First name/Last name		left employment	death	\$ _____	job class	unit			
Member ID or SS number		layoff/leave	strike		yr	wk			
Date of change		ineligible: _____		mo	hr	location			
		dependent name: _____		bi-wkly		To: _____			
		last day worked: _____							
Employer Changes		New address							
		New contact name				New telephone/FAX			
		New email address				Completed by:			