



Change of Status of Employment

THIS SECTION TO BE COMPLETED BY CLIENT:

Today's Date: _____

Employee's Name: _____ Employee Number (AIE): _____

Company Name: _____

Date of Employment Status Change: _____ Last day worked: _____

- Employee Terminated, Employee Laid Off, Employee Hired, Employee Resigned, Assignment Ended, Employee Deceased

Reason for Status Change: _____

Reported By: _____ (Signature) _____ (Title)

THIS SECTION TO BE COMPLETED BY AIE

Changed status to AVL, INA, T/H & FIN assignment card in COATS _____(initial) _____(date changed)

Is employee enrolled in health insurance? [] No [] Yes deductions? [] No [] Yes

Provider: [] HMSA [] Kaiser [] UHA [] HMAA [] HDS

- Health insurance cancelled, Deductions cancelled, COBRA form mailed out to qualified employee, Employee's final paycheck generated, Employee's payment method & mail code defaulted

Received by: _____ on _____

(Each dept to initial after receipt and review of the form)

[] Accounting/ Payroll Dept [] Benefits Dept [] Placement Dept