



**HRPro**

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## Employee Status Change Form

### Employee Profile

Company/Employer Name			
Employee Name			
ID/SS#		Employee DOB	

### Status Changes

<input type="checkbox"/> New Hire	Start Date:	
<input type="checkbox"/> Rehire	Start Date:	
<input type="checkbox"/> Retired	Effective Date:	
<input type="checkbox"/> Reduction of Hours	Effective Date:	
<input type="checkbox"/> Termed	Effective Date:	
<input type="checkbox"/> COBRA	Effective Date:	
<input type="checkbox"/> Leave of Absence	Effective Date:	
<input type="checkbox"/> Death	Effective Date:	

### Other Changes

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### Signature

_____ Signature of Authorized Representative	_____ Print Name	_____ Date
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