

# EMPLOYEE STATUS FORM

NAME \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

NEW ADDRESS

OLD ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

CHANGE LAST NAME DUE TO MARRIAGE.

\_\_\_ SOCIAL SECURITY CARD W/ NEW NAME CHANGE.  
\_\_\_ COPY OF MARRIAGE LICENSE  
\_\_\_ FILL OUT NEW W-4 FORM

EMPLOYMENT STATUS

PART-TIME

START DATE \_\_\_\_\_

FULL-TIME

START DATE \_\_\_\_\_

**\* FULL-TIME EMPLOYEE MUST MAINTAIN A MINIMUM OF 32 HOURS  
EVERY WEEK.**

ELIGIBLE FOR BENEFITS AFTER 90 DAYS OF FULL-TIME EMPLOYMENT

\_\_\_ HEALTH INS. \_\_\_ DENTAL INS. \_\_\_ LIFE INS. \_\_\_ AFLAC

WAGE INCREASE

EFFECTIVE DATE \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

CHANGE OF DEPARTMENT

- 1-PUEBLO
- 2-ADMIN
- 3-FBS
- 4-FORT COLLINS
- 5-GOLDEN
- 6-LAJUNTA