



CHANGE IN STATUS NOTICE

CSN

To be completed by Association when a Participant is granted a Leave of Absence or when a Participant's employment is terminated. Please send this form promptly to the Fund so that we may advise the Participant about her or his rights and benefits.

IMPORTANT NOTES:

Participant on Leave of Absence – When the Participant returns to work, the Association must complete a Return to Employment Notice (REN) and submit it to the Fund. If the Participant on Leave of Absence terminates employment or is terminated, the Association must submit another Change in Status Notice (CSN) to the Fund to report termination of employment.

Re-employed Participant - Your Association must submit a Return to Employment Notice (REN) to the Fund to report the re-employment of the terminated Participant.

I. Participant Information

Participant Name _____ (First, Middle, Last)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security Number
Home Address _____ (Street) <input type="checkbox"/> <i>Check here if this is a new address</i>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
_____ (City, State, Zip)	Home Phone Number: (area code) _____
Work Phone Number: (area code) _____	Cell Phone Number: (area code) _____ E-mail: _____

II. Reason for Change in Status

Check one of the following: Resignation Termination Retirement Restructuring

Unpaid Leave Paid Leave Death Military Service

Transfer to another YWCA _____
Association Name , City, State

Paid Leave (Specify Reason) _____

YWCA merged with another YWCA or business entity: _____
Name of business entity

