



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)			Social Security Number		
Home Address (Street) <input type="checkbox"/> Check here if this is a new address			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
(City State Zip Code)		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

III. Change In Status – check one and complete.

A. Employee on Active Status has been terminated:
 Last Day of Work: _____
 Month/Day/Year
 Final Payroll _____ covering payroll period _____ to _____
 Check Date: _____ From Date _____ Thru Date _____

B. Employee on Active Status has been granted a Leave of Absence with pay or without pay:
 Last Day of Work: _____
 Month/Day/Year
 Final Payroll _____ covering payroll period _____ to _____
 Check Date: _____ From Date _____ Thru Date _____

C. Employee on Leave of Absence has been terminated:
 Date Leave of Absence began: _____
 Month/Day/Year
 Date of termination: _____
 Month/Day/Year
 Final Payroll _____ covering payroll period _____ to _____
 Check Date: _____ From Date _____ Thru Date _____

Note: Include final wages, vacation pay, sick pay and lump sum severance pay, paid as of the last day of work.

IV. Final Contribution to the Fund

Contributions for the Participant must be made through the Last Pay Date as reported in section III above.

A. Please indicate the final month contribution below so that the Fund can verify if the Participant's account has been credited with the final contributions. **Final wages must include vacation, sick, and lump sum severance pay, paid as of the last day of work.**

Example:	<u>Jan 2012</u>	<u>\$1,000.00</u>	<u>\$500.00</u>	<u>\$500.00</u>	<u>\$2,000.00</u>	x	<u>10%</u>
	_____	_____	_____	_____	_____		_____
	Association Contribution <small>(wages x contribution rate)</small>	+	Optional Employee After-Tax Contribution <small>(if any)</small>	=	Total Contributions Due		
	<u>\$200.00</u>		<u>\$0.00</u>		<u>\$200.00</u>		
	_____		_____		_____		

If any contributions indicated above have not been sent, please indicate when they will be sent

Payment of benefits to the Participant may be delayed if the Fund does not receive all contributions due for the Participant's account.

V. Association Authorization

The information provided above is accurate as of the date of my signature: In the case of an Executive Director's status change, Board President must sign. For all others, Executive Director or authorized representative must sign.

Signature _____ Name _____
 Title _____ Date _____
 Association _____
 Name _____ City _____ State _____

For Fund Use Only: Rate: _____ Approved by: _____ Date: _____