(purple form)

GREEN COUNTY EMPLOYEE CHANGE FORM

☐ HR

☐ Acctg

EFFECTIVE DATE OF CHANGE: _____

REASON FOR CHANGE: _____

NAME: _____ **Employee #** _____

Social: _____

Check all that Apply:

☐ **Phone:** _____ _____
Former New

☐ **Address:** _____ _____

Former New

☐ **Name:** _____ _____
Former New Copy of Social Security Card Required (ASAP)

☐ **Insurance--for voluntary changes:**

- ☐ Health _____ type of change
- ☐ Life _____ type of change
- ☐ Flex Ben. _____ type of change
- ☐ Disability _____ type of change
- ☐ Vision _____ type of change
- ☐ Dental _____ type of change

☐ Cobra Qualifying Event (for Health Insurance or Flex Benefit)
Reason for Cobra qualifying event: _____

☐ Employee Status: For a change of job, position, or department, please use a blue "New Employee Report".

	Old	**New**
☐ Rate	_____ Hourly or Salary	_____ Hourly or Salary
Group/Grade/Step:	_____	_____
Shift Differential:	_____	_____
Hours Per Week:	_____	_____

☐ Loss of Eligibility for Benefits Due to change

☐ Eligible to participate- Due to change- please mark below

	Yes	No	Forms Received
WI Retirement	☐	☐	_____
Health Inurance	☐	☐	_____
Life Insurance	☐	☐	_____
Deferred Comp	☐	☐	_____
LTD & STD	☐	☐	_____
Flex Ben	☐	☐	_____
Vision	☐	☐	_____
Dental	☐	☐	_____

☐ Returned from FMLA Date: _____

☐ Returned from Other Leave

☐ Annual Vacation Earned: _____

Anniversary Date: _____
(use date of hire for vacation updates)

_____ _____
Department Head Signature Date

_____
Employee Signature Date

PLEASE RETURN COMPLETED FORM TO HR

Revised 3/15/19