



## CHANGE OF STATUS NOTICE

Employee \_\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Date of Hire \_\_\_\_\_

Last Day of Work \_\_\_\_\_

Date of Action \_\_\_\_\_

Was the separation the result of :

\_\_\_\_\_ Voluntary Resignation

\_\_\_\_\_ Retirement

\_\_\_\_\_ Termination

\_\_\_\_\_ Layoff

Additional information: \_\_\_\_\_

I hereby acknowledge that the reason stated above for my separation is accurate.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date