

**SAMPLE**  
**CHANGE OF STATUS FORM**

(Please print)

NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

1. You were laid off on: \_\_\_\_\_, 20\_\_\_\_\_

2. You were discharged on: \_\_\_\_\_, 20\_\_\_\_\_

3. You are on a leave of absence starting: \_\_\_\_\_, 20\_\_\_\_\_

Estimated return date: \_\_\_\_\_, 20\_\_\_\_\_

Company name: \_\_\_\_\_

Given to employee by: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTICE ACKNOWLEDGMENT**

I received a copy of this notice: \_\_\_\_\_

Signature

Date

cc: Employee  
Personnel file

