Teamwork Services, Inc.

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EMPLOYEE STATUS CHANGE REPORT

Employee Name _____ Employee # _____

Social Security # _____ Effective Date of Change _____

Status Change	From	To	Comments
* Part-time / Full-time			
* Inactive / Active			
* Leave of Absence / Return to Work (complete LOA section below)			
Department			
Job Title			
Other			

* A minimum of 30 hours per week is required to be considered full-time and eligible for insurance. Any status change resulting in less than 30 hours worked per week will result in termination of health/dental insurance except as requested by the client during an approved leave of absence (LOA). Continuation during an LOA is limited to 12 weeks, during which time the employee/client continue to make premium contributions. Upon termination of benefits the employee may become eligible for COBRA continuation of coverage.

LEAVE OF ABSENCE

Reason for LOA: _____

Date LOA to begin: _____ Expected date of return: _____

Will employee receive pay during LOA? _____

Will company continue insurance benefits during LOA? _____

(Attach copy of Time Off Request form signed by employee)

Company Name: _____

05/13/2014