DSK
Professional Employer Organization
EMPLOYEE STATUS CHANGE FORM

Employee's Name: _____ Social Security: _____

Client's Name: _____ Effective Date: _____

Rehire: Old Hire Date: _____ New Hire Date: _____

Job Transfer: From:_____ To: _____
Dept/Position *Dept/Position*

Rate Change: From: _____ To: _____

Name Change: From: _____ To: _____
(Copy of SSC required)

Address Change _____

REASON FOR SEPARATION

Voluntary – Quit	**Involuntary - Discharge**
( ) Accepted other employment	( ) Destruction of company property - carelessness
( ) Dissatisfaction with salary	( ) Destruction of company property - willful
( ) Dissatisfaction with work hours	( ) Dishonesty – Monetary theft
( ) Dissatisfaction with job	( ) Excessive absenteeism
( ) Family obligations; personal	( ) Falsification of company records
( ) Go into own business	( ) Fighting on company property
( ) Illness	( ) Frequent tardiness
( ) Moved out of area	( ) Lack of technical knowledge
( ) Never began work (no hours)	( ) Permanent layoff
( ) No call/No show – No reason given	( ) Positive drug test results
( ) Refused drug testing	( ) Probationary (90) days – not qualified for job
( ) Refused job assignment	( ) Quality of work – poor performance (see remarks)
( ) Returning to school	( ) Reported use of drugs/alcohol while working
( ) Retired	( ) Serious misconduct
( ) Transportation problems	( ) Violation of company rules and policies
( ) Walked off the job	( ) Violation of safety rules
( ) Quit/Other (see remarks)	( ) Other (see remarks)

Inactive Status	**Return Date**	**Status**
( ) Disciplinary Suspension	_____	( ) P/T to F/T ( ) F/T to P/T
( ) Leave of Absence	_____	
( ) Military Leave	_____	( ) Check if employee is receiving medical
( ) Seasonal Employee	_____	benefits through DSK. Employee is
( ) Workers' Compensation	_____	eligible for continued medical coverage under
( ) Temporary Lay-off	_____	COBRA and will be notified.

REMARKS:_____
_____
_____

Employee Signature: _____ Date: _____
Completed by: _____ Signature: _____
Work Phone: _____ Date: _____

Send To: DSK at 6715 W. Grover Cleveland Blvd., Homosassa, FL 34446 Fax: (352) 628-5455