



CHANGE IN STATUS FORM

Name of Employee: _____ **SS #:** _____

Center/Department: _____

Name of Employer: George G. Glenner Alzheimer's Family Centers, Inc.®

Address of Employer: 2765 Main St. Ste A | Chula Vista, CA 91911

Date of Change: _____

Reason for Change:

- | | |
|--|---|
| <input type="checkbox"/> Rehire | <input type="checkbox"/> Voluntarily Quit |
| <input type="checkbox"/> Change in employment status:
_____ | <input type="checkbox"/> Job Abandonment*
(*considered a voluntary quit) |
| <input type="checkbox"/> FMLA | <input type="checkbox"/> Refused to accept available work |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Term of employment ended*
(*seasonal work) |
| <input type="checkbox"/> Decrease in work hours and/or wages | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Layoff | |

Supervisor Name: _____

Supervisor Signature: _____ **Date:** _____

Acknowledgment of Receipt

Name of HR Representative: _____

Signature of HR Representative: _____ **Date:** _____

Employee Signature: _____ **Date:** _____