

# GOLIAD COUNTY

## Payroll/Status Change Notice

Routing:  Payroll  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Effective Date of Change \_\_\_\_\_  New Hire  Change  Separation

Employee Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

D.O.B. \_\_\_\_\_ Telephone \_\_\_\_\_

Social Security # \_\_\_\_\_ Dept. # \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Status:  Full Time  Part Time  Full Time Temporary  Part Time Temporary  Other

### LEAVE OF ABSENCE

Begin Date \_\_\_\_\_ Ending Date \_\_\_\_\_

- Educational  Personal  Family Medical Leave (including Maternity Leave)  
 Short term disability  Long term disability  Other

### SEPARATION

Separation Date \_\_\_\_\_ Last day Worked \_\_\_\_\_

- Voluntary Separation  Involuntary Separation

Notice of Cobra Rights provided on \_\_\_\_\_

Election of Cobra  Yes  No

Start Date of Coverage \_\_\_\_\_

### ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Treasurers Office  \_\_\_\_\_  \_\_\_\_\_