

**Goliad County**

**Payroll Status Change Form**

Employee Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

D.O.B. \_\_\_\_\_ Telephone or best way to contact \_\_\_\_\_

Social Security Number \_\_\_\_\_ Dept. \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Hire Date \_\_\_\_\_

Status (Circle One):

Full Time    Part Time    Full Time Temporary    Part Time Temporary    Other

**Leave of Absence**

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

Circle One:

Educational                  Personal                  Family Medical Leave (including maternity leave)  
Short Term Disability                  Long Term Disability                  Other

**Separation**

Separation Date \_\_\_\_\_ Last Day Worked \_\_\_\_\_

Circle One:                  Voluntary Separation                  Involuntary Separation

Notice of Cobra Rights Provided On \_\_\_\_\_

Election of Cobra (Circle Your Answer Then Initial)    Yes    No    \_\_\_\_\_

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

**Additional Comments**

\_\_\_\_\_

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

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

**\*PLEASE NOTE\* ~ All updates/changes will go in effect upon submission. Back dating is NOT accepted.**