

*** Please make additional copies to keep on hand
THANK YOU



**EMPLOYEE STATUS CHANGE FORM
FOR SEIU LOCAL 32BJ
DISTRICT 36 BUILDING OPERATORS WELFARE FUND**

ATTENTION! EMPLOYERS
(Please read all Sections of this form before completing)

For New Hires: Please FAX this form within one (1) week after you hire an employee for whom you will make contributions to ensure they receive the necessary benefit materials for enrollment.

For Terminations and all other Status Changes: Please FAX form within one (1) week to ensure that your employee gets the REQUIRED regulatory notices sent within the prescribed time frame.

PLEASE PRINT

Section 1: EMPLOYER DEMOGRAPHICS

Name of Employer:		Building Site:	
Employer's Telephone Number:		Employer's Fax Number	
Contact Name:		Title:	

Section 2: EMPLOYEE DEMOGRAPHIC INFORMATION

Employee's Name:		Employee's SSN:	Sex:
Address			Apt#
City	State	Zip Code	Date of Birth
Home Phone Number:		Cell Phone Number:	

Section 3: EMPLOYEE JOB STATUS

Date of Hire	Job Class/Occupation:
Contract (please check one): BOLR _____ Suburban _____ PHLEX _____	Employment Status: Permanent _____ Supplemental _____ Full Time _____ Part Time _____ Weekend _____