

To be completed by the association when a participant is granted a leave of absence or when a participant's employment is terminated. (1/2)

**I. Participant Information**

First Name	Middle Name	Last Name
Street Address	Apt.      City	State      Zip
Date of Birth (MM/DD/YYYY) (      )	Social Security Number: <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	(      )
Home Phone	Work Phone	Cell Phone
Email Address	Birth Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity (optional) _____
		Pronouns (optional) _____

**II. Reason for Change in Status**

Check One of the Following

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Resignation              | <input type="checkbox"/> Termination      | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Restructuring            | <input type="checkbox"/> Unpaid Leave     |                                     |
| <input type="checkbox"/> Death                    | <input type="checkbox"/> Military Service |                                     |
| <input type="checkbox"/> Transfer to another YWCA |   |                                     |

Association Name	City	State
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Paid Leave \_\_\_\_\_  
Specify Reason

YWCA merged with another YWCA or business entity \_\_\_\_\_  
Name of Business Entity

**III. Change in Status**

Include final wages, vacation pay, sick pay, and lump-sum severance pay, paid as of the last day of work.

**A. Employee on active status has been terminated**

Last Day of Work (MM/DD/YYYY) \_\_\_\_\_

Covering payroll period: \_\_\_\_\_ - \_\_\_\_\_

Final Paycheck Date (MM/DD/YYYY) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**B. Employee on Active Status has been granted a leave of absence**  With Pay  Without Pay

Last Day of Work (MM/DD/YYYY) \_\_\_\_\_

Covering payroll period: \_\_\_\_\_ - \_\_\_\_\_

Final Paycheck Date (MM/DD/YYYY) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**C. Employee on leave of absence has been terminated**

Date Leave Began (MM/DD/YYYY) \_\_\_\_\_

Date of Termination (MM/DD/YYYY) \_\_\_\_\_

Covering payroll period: \_\_\_\_\_ - \_\_\_\_\_

Final Paycheck Date (MM/DD/YYYY) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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**IV. Final Contribution to the Fund**

Payment of benefits to the participant may be delayed if the Fund does not receive all contributions due for the participant's account.

Please indicate the *final month contribution* below so that the fund can verify if the participant's account has been credited with the final contributions. *Final wages must include vacation, sick, and lump-sum severance pay, paid as of the last day of work.*

Bill Month:	Wages for the Month:	Vacation & Sick Pay:	Lump-Sum Severance Pay:	Total Wages	Association Contribution Rate
_____	\$ _____	\$ _____	\$ _____	\$ _____	× _____ %
<i>Example: Jan 2020</i>	<i>Example: \$1,000.00</i>	<i>Example: \$500.00</i>	<i>Example: \$500.00</i>	<i>Example: \$2,000.00</i>	<i>Example: 10%</i>

  

Association Contribution:	Optional Employee After-Tax Contribution	Total Contributions Due
\$ _____	+ \$ _____	\$ _____
(Wages × Contribution)	(If Any)	

If any contributions indicated above have not been sent, please indicate when they will be sent.

\_\_\_\_\_

**V. Association Authorization**

*The information provided above is accurate as of the date of my signature.*

In the case of an Executive Director's status change, the succeeding CEO/Executive Director, or Board President, must sign, For all others, the Executive Director or authorized representative must sign.

\_\_\_\_\_  
Association (Include City and State)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

<b>For Fund Use Only:</b>	Rate: _____	Approved By: _____	Date: _____