

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:  |      |       |                     |  |  |
| ( )                        |  |  | ( )  |      |       | ( )                 |  |  |
| 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                         |   |                                     |
| <input type="checkbox"/> Paid Leave                                       |   |                                     |
| Specify Reason  |   |                                     |
| <input type="checkbox"/> YWCA merged with another YWCA or business entity |   |                                     |

Association Name City State

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 |
|                   | \$                   | \$                   | \$                      | \$                  | ×                             |
| Example: Jan 2020 | Example: \$1,000.00  | Example: \$500.00    | Example: \$500.00       | Example: \$2,000.00 | Example: 10%                  |

  

|                           |  |                         |
|---------------------------|--|-------------------------|
| 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.

Executive Director or authorized representative must sign.

|       |           |                                      |
|-------|-----------|--------------------------------------|
|       |           | Association (Include City and State) |
| Name  | Signature |                                      |
| Title | Date      |                                      |

For Fund Use Only:

Rate: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_