

Change in Employee Relationship Form

Company Name:	
Employee Name:	
Job Title:	
Employee Signature:	
Supervisor Name:	
Supervisor Signature:	
Date:	

Employment status has changed for the reason checked below:

	Circumstance	Effective Date
<input type="checkbox"/>	Voluntary quit	
<input type="checkbox"/>	Layoff	
<input type="checkbox"/>	Leave of absence	
<input type="checkbox"/>	Discharge	
<input type="checkbox"/>	Refusal to accept available work	
<input type="checkbox"/>	Change in status from employee to independent contractor	

Comments: