Louisiana Clerks of Court Retirement and Relief Fund

CHANGE IN STATUS FORM

THIS FORM MUST ACCOMPANY THE MONTHLY CONTRIBUTION REPORT IF ANY EMPLOYEE CHANGES STATUS

NAME: _____ **SOCIAL SECURITY #:** _____

PARISH: _____

Employment Status of Member: *(fill out information below)*

☐ Not averaging more than twenty hours per week for any monthly payroll reporting period: _____ hours per week
Regular Monthly Salary: $ _____ Reported Salary: $ _____

☐ Terminated as of _____/_____/_____
(If applicable) Was Insurance termination form submitted? ☐ Yes ☐ No

☐ Leave without pay as of _____/_____/_____
Brief Explanation of Leave _____
_____
_____
Projected Return to Work as of (if known) _____/_____/_____

☐ FMLA as of _____/_____/_____
Brief Explanation of Leave _____
_____
_____
Projected Return to Work as of (if known) _____/_____/_____

☐ Other _____

_____ _____
Clerk of Court Signature Date