

# Employee Status Change Form

Building Service 32BJ Benefit Funds



- **QUESTIONS?** Call Employer Services at 212-388-3354. To download forms and for employer information go to: <http://www.32bjfunds.com/employer> and click on Forms. PLEASE FAX THIS FORM TO 212-844-2717.
- **SECTION 1:** Must be completed by employers. **SECTION 2:** All fields are required to complete employee benefit enrollment.
- **REMINDER:** Failure to report all employee status changes including replacement employees within 30 days may result in interest and liquidated damages charged against contributions due the Funds.

<b>Section 1</b>		<b>Employer Information</b>			
Account # (located on the top of your remittance report)					
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Employer #	Building #	Contract #	Provision #	Sequence #	Group #
Employer Name			Employer Contact Name (please print)		
Employee Work Location			Employer Contact Phone #		
Employer Email Address			Employer Contact Fax #		

<b>Section 2</b>		<b>Employee Status Change Information</b>			
*For new hire, you <u>must</u> complete all information in this section. For other status changes, only name and SSN are required.					
First and Last Name				SSN (9 digits)	
* Home Address, City, State Zip Code				* Home Telephone #	
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* Date of Birth (MM/DD/YY)		* Male or Female		* <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
				* Hourly Rate	

<b>Section 3</b>		<b>Employee Status Change Codes</b>			
Please check one (Include Effective Date: Month/Day/Year)					
<b>HIRED:</b>					
<input type="checkbox"/> HI=Hired, Date ___/___/___		<input type="checkbox"/> RI=Reinstated (returning to covered employment) Date ___/___/___			
<b>SUSPENDED:</b>					
<input type="checkbox"/> FM=Family Medical Leave (1 to 26 weeks), Date ___/___/___, # of weeks _____		<input type="checkbox"/> LA=Leave of Absence, Date ___/___/___			
<input type="checkbox"/> SD=Short Term Disability, Date ___/___/___		<input type="checkbox"/> ML=Military Leave, Date ___/___/___			
<input type="checkbox"/> WC=Workers Compensation, Date ___/___/___		<input type="checkbox"/> LH=Contributions to Health Fund Only(due to Leave of Absence), Date ___/___/___			
<b>TERMINATED:</b>					
<input type="checkbox"/> RE=Retired, Date ___/___/___		<input type="checkbox"/> TE=Terminated, Date ___/___/___			
<input type="checkbox"/> TR=Transferred, Date ___/___/___		<input type="checkbox"/> DE=Deceased, Date ___/___/___			

<b>Section 4</b>		<b>Job Class Codes</b>			
Please check one					
___ EM = Electrician or Mechanic		___ SC = Superintendent Commercial Building			
___ EN = Engineer		___ SR = Superintendent Residential Building (greater than 5 employees)			
___ ES = Elevator Starter		___ SU = Superintendent Residential Building (5 or fewer employees)			
___ GU = Guard		___ WC = Window Cleaner			
___ HP = Handyperson		___ S1 = Security Officer I			
___ OT = Other		___ S2 = Security Officer II			
		___ S3 = Security Officer III			