**BRISTOL COUNTY PERSONNEL STATUS FORM**

**TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:**

**(Please complete applicable information only)**

NAME OF EMPLOYEE: SOC. SEC. #

ADDRESS CHANGE:

TITLE CHANGE:

NAME CHANGE: REASON:

(Note: Please forward a copy of marriage certificate or divorce decree to our office upon receipt)

TERMINATION: Date of Termination: Reason for Termination: Resigned

Discharged \_\_\_\_\_\_ Position Eliminated \_\_\_\_\_\_\_\_ Layoff Not Re-Elected

WORKER’S COMPENSATION: Date of Injury: On Compensation: Y N

(Section 34 (Section 35)

If Yes, Dates: If Yes, Type: Total Incapacity Partial Incapacity

(Note: Please submit copies of all injury reports to our office)

SEC. 111F: Date of Injury: Receiving 111F?: Y N

FAMILY MEDICAL LEAVE: Beginning Date: Ending Date: \_\_\_\_\_\_\_\_\_\_

With Pay: YES OR NO

LEAVE OF ABSENCE: Beginning Date: Ending Date:

With Pay: YES OR NO

ACTIVE MILITARY LEAVE: Beginning Date: Ending Date:

Will Town submit required deductions monthly? Y N

Does Town wish to be billed at end of service? Y N

DATE OF DEATH: (Please fax a copy of death certificate to our office upon receipt)

**PLEASE MAIL OR FAX THIS FORM AS ANY OF THESE CHANGES OCCUR**

**THANK YOU**

**BRISTOL COUNTY RETIREMENT SYSTEM**

**645 COUNTY STREET**

**TAUNTON, MA 02780**

**PHONE: 1-508-824-4029 FAX: 1-508-880-8749**