

**COMMONWEALTH OF VIRGINIA
EMPLOYMENT STATUS CHANGE FORM**

To: FBMC Commonwealth of Virginia Processor Date: _____

From: Judy Dotson, Payroll Officer Agency #: 287

Phone Number: 540-863-2807 Agency Name: Dabney S. Lancaster Community College

FBMC Consolidated Billing-125 Department
Please fax form to 850-514-5803.

These changes apply to (check applicable box):

- Pre-tax TSA Contributions and Employer Cash Match
 Post Tax products or
 Both

If an employee has separated from state service (terminated, resigned, retired), please complete the following information.

Name: _____

SS# : _____

Benefit End Date*: _____

If an employee is on "Leave Without Pay" please complete the following information.

Name: _____

SS# : _____

Effective Date* of Leave: _____

Expected Return Date*: _____

If an employee transfers to another agency, please complete the following information.

Name: _____

SS# : _____

Old Agency # & Name: _____

New Agency # & Name: _____

Effective Date* of transfer: _____

*All dates should reflect the Pay Day upon which the status change is effective.