BOARD OF STARK COUNTY COMMISSIONERS

CHANGE IN EMPLOYEE STATUS (*Formerly GIP-6*)

Please complete ALL fields and send changes to the Human Resources/Benefits Department as soon as they occur:

Employee:

Last Name _____First Name _____M.I._____

Choose One:

☐ **Resignation** ☐ **Retirement** ☐ **Involuntary Termination**
☐ **Leave of Absence** ☐ **Payroll Fund Transfer**
☐ **Other: _____**

For Termination and Leave of Absence:

Street Address _____

City _____State _____ Zip Code _____

Date of Birth_____ Social Security Number _____

Date of Hire _____ Last Day of Employment or LOA _____

Signed _____ (Payroll Clerk) Department _____

For Payroll Fund Transfers:

Transferred from _____ (Payroll Fund) Effective date _____

Transferred to _____ (Payroll Fund) Effective date _____

Signed _____ (Payroll Clerk) Department _____

For Internal Use Only:

_____ Received	**_____ MHS**	**_____ Log**
_____ Fiscal Notified	**_____ EyeMed**	**_____ Colonial**
_____ Payroll Fund	**_____ COBRA**	
_____ S/F	**_____ Ameriflex**	

Stark County Human Resources Revised 8/2021