



Mail completed form to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101



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**Agency's Employee Status Change Notification**

This form is to be completed by any agency to notify NYCERS of a status change for an employee who is **ALREADY** a NYCERS member. Thank you for submitting this information; it will ensure that we update the member's record and notify him/her of any options.

**THIS FORM MUST BE COMPLETED BY THE AGENCY ONLY  
AND SIGNED BY THE AGENCY ON PAGE 2**

**EMPLOYEE INFORMATION**

NYCERS Member Number	Last 4 Digits of SSN	Title	Title Code
First Name	M.I.	Last Name	
Address			Apt. Number
City		State	Zip Code

**EMPLOYEE STATUS CHANGE**

For the employee listed above, please complete the appropriate section:

Resigned, terminated or was dismissed with an effective date of [MM/DD/YYYY] / / .

Is on an approved leave for [check one]:

- Medical                       Child Care                       Workers' Compensation
- Union                               Military Service

with an effective date from [MM/DD/YYYY] / / to [MM/DD/YYYY] / / .

Title change FROM:

Title Code	Title

TO:

Title Code	Title

Reinstated and/or reassigned to previous status with an effective date of [MM/DD/YYYY] / / .

Other [please specify]:

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Member Number	Last 4 Digits of SSN

**To report a NYCERS member who has transferred IN to your agency, please use Form #233.**

**AGENCY INFORMATION**

Agency Name	Agency Bank Number	
Personnel/Benefits Representative	Phone Number	E-mail Address
	(   )	
Signature of Personnel/Benefits Representative		Date