

CWA LOCAL 13000 CHANGE FORM

DATE OF CHANGE: _____

EMPLOYEE NAME: _____

EMPLOYEE CLASSIFICATION:

REGULAR FULLTIME _____

REGULAR PART TIME _____

TEMPORARY FULL TIME _____

TEMPORARY PART TIME _____

TERM _____

SOCIAL SECURITY# _____

PLEASE FILL IN ALL OF THE ABOVE INFO

PLEASE CHECK THE APPROPRIATE CHANGE:

____ ADDRESS CHANGE

____ NAME CHANGE

____ TELEPHONE NUMBER CHANGE

____ JOB TITLE CHANGE

____ PAYROLL LOCATION CODE CHANGE

____ UNIT CHANGE

____ BRANCH CHANGE

____ LEAVE OF ABSENCE

____ RETURN FROM LEAVE OF ABSENCE

____ TRANSFERRED TO OTHER LOCAL

____ ADD TO MOBILIZATION SHEET

____ RESIGNED FROM COMPANY

____ DISMISSED FROM COMPANY

____ REINSTATED

____ DECEASED

____ LAID OFF

____ BBC CHANGE

____ JOB STEWARD CHANGE

____ MOBILIZATION COORDINATOR CHANGE

____ SERVICE DATE CHANGE

____ TO MANAGEMENT

____ RETIRED

OLD:

NEW:

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REPRESENTATIVE: _____

UNIT & BRANCH _____