



EMPLOYEE STATUS CHANGE

EMPLOYEE PROFILE

Employee Name: _____ Social Security #: _____
 _____ Date Effective: _____

EMPLOYMENT CHANGES

New Hire: Job Title: _____ Department: _____
 Rehire: Job Title: _____ Department: _____
 Temporary: Start Date: _____ End Date: _____ Department: _____
 Replacement: Start Date: _____ End Date: _____ Department: _____

CLASSIFICATION CHANGES

Change	Old Information	New Information
--------	-----------------	-----------------

Address:

Phone number/s: home: _____
 : cell: _____
 : other: _____
 Email address: : _____

Other changes:

Employee

Signature

Date:

VERIFICATION OF CHANGES

Payroll Supplemental Insurance Medical Insurance TRS Accounts Payable
 AESOP

Approved By:

HR Signature _____

Date _____



TEACHER RETIREMENT SYSTEM OF TEXAS
 1000 RED RIVER STREET
 AUSTIN, TEXAS 78701-2698
 (512) 542-6400 OR 1-800-223-8778

TRS 358
 Rev. 09-02

CHANGE OF ADDRESS NOTIFICATION

SOCIAL SECURITY NUMBER:

Your Social Security number is necessary for identification of your TRS account.

NAME: _____
 (Please print in black ink or type)

OLD MAILING ADDRESS:

 City, State Zip Code

NEW MAILING ADDRESS:

 City, State Zip Code

Telephone Number: _____

Signature _____ **Date signed** _____
 (Required before address will be updated.)