



# 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
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Address:

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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 \_\_\_\_\_



# Change of Address Notification

TRS358 (09-16)

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

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Name \_\_\_\_\_ TRS Participant ID or  
Social Security Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

## Old Mailing Address

Address \_\_\_\_\_  
Street Address or PO Box Number City State Zip Code

## New Mailing Address

Address \_\_\_\_\_  
Street Address or PO Box Number City State Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date