

# County of Goliad



## Employee Status Change Form

Employee Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Department: \_\_\_\_\_ Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Begin Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Status  Full Time  Part Time Rate of Pay \_\_\_\_\_

### LEAVE OF ABSENCE

Begin Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason For Leave (Circle One)

Educational Personal FML Short Term Disability  
Long Term Disability Other: \_\_\_\_\_

DEPARTMENT TRANSFER \_\_\_\_\_ TO/FROM \_\_\_\_\_

### SEPERATION- INCLUDE DOCUMENTATION OF RESIGNATION/TERMINATION

Separation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Voluntary  Involuntary  Possible Rehire

Notice of Cobra Rights Provided On: \_\_\_\_/\_\_\_\_/\_\_\_\_ Election of Cobra  Yes  No

Start Date of Cobra Coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Judge Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATE FILED: \_\_\_\_/\_\_\_\_/\_\_\_\_ UNSUBSCRIBED FROM CHRI: \_\_\_\_/\_\_\_\_/\_\_\_\_

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