



**Employee Status Change Form**  
Building Service 32BJ Benefit Funds

- **QUESTIONS?** Call Employer Services at 212-388-3354. To download forms and for employer information go to: <http://www.32bjfunds.com/employer> and click on **Forms**. **PLEASE FAX THIS FORM TO 212-844-2717**
- **SECTION 1:** Must be completed by employers. SECTION 2: All fields are required to complete employee benefit enrollment.
- **REMINDER:** Failure to report all employee status changes including replacement employees within 20 days may result in interest and liquidated damages charged against contributions due the Funds.

**Section 1 | Employer Information**

Account# (located on the top of your remittance report)

Account #	Employer #	Work Location #	Contract #
Employer Name		Employer Contact Name (please print)	
Employee Work Location		Employer Contact Phone#	
Employer Email Address		Employer Contact Fax #	

**Section 2 | Employee Information**

For a new hire, you must complete all information in this section. For other status changes, only name and SSN are required.

First and Last Name SSN (9 Digits)

Home Address, City, State Zip Code Home Telephone#

Date of Birth (MM/DD/YY) |  Male |  Female |  Part-time |  Full-time | Hourly Wage Rate \_\_\_\_\_

Event Worker | Hours Worked Per Week: \_\_\_\_\_

**Section 3 | Employee Status Change Information** (Please check the status that applies)

**HIRES:**

Hire Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |  Reinstated (returning to covered employment) Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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IF EMPLOYEE IS ON LEAVE, PLEASE PROVIDE EXPECTED RETURN TO WORK DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**LEAVES:**

Family Medical Leave (1 to 26 weeks) Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_, #of weeks \_\_\_\_ |  Leave of Absence Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Short Term Disability Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |  Military Leave Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Workers Compensation Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |  Contributions to Health Fund *Only (Leave with Health)* Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**TERMINATIONS:**

Termination Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |  Transferred Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Deceased Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CHECK HERE IF EMPLOYEE RETIRED

**Section 4** | Indicate Job Class: \_\_\_\_\_ | SEE REVERSE SIDE FOR AVAILABLE OPTIONS. Please note that not all job classes are listed. If missing, please use appropriate job class as found in your Collective Bargaining Agreement.



<b>Connecticut/Hudson Valley (includes food service)</b>	
CL	Cleaners
LP	Leadpersons
WC	Window Cleaners
CW	Cafeteria Worker (HV)

<b>Capital Area District (includes food service)</b>	
CL	Cleaner
P	Day Porter
CW	Cafeteria Worker
GG	Government Guard
SO	Security Officer

<b>Maryland Area District (includes food service)</b>	
CL	Cleaner
LP	Leadperson
E	Engineer
EO	Elevator Operator
CW	Cafeteria Worker
SO	Security Officer

<b>Western Pennsylvania</b>	
CL	Cleaner
O	Other
GK	Utilities/Ground
CR	Clerical

<b>New York Metropolitan Commercial (includes Long Island and Bronx)</b>	
O	Other
H	Handyperson
S1	Superintendant
SO	Security Officer
F	Foreperson
WC	Window Cleaner
CL	Cleaner (NYC School)

<b>New York Metropolitan Residential</b>	
O	Other
H	Handyperson
S2	Resident Manager
S1	Superintendent

<b>Eastern Pennsylvania Schools</b>	
CL	Cleaner
DR	Transportation
CR	Clerical
MI	Maintenance

<b>Florida District (includes food service)</b>	
CL	Cleaner
SG	Security Guard
MI	Maintenance
CW	Cafeteria Worker

<b>New Jersey (includes food service)</b>	
CL	Cleaners
LP	Leadpersons
H	Handypersons
CW	Cafeteria Worker
SG	Security Guard