



Fiscal Agent Employee Status Change Form

Instructions: This form is for Employee information only. Complete only the sections the Employee needs changed.

Employee Name: _____ Employee Number: _____

Last four digits of Employee's Social Security Number: _____

Employer/Client Name: _____

| Completed by Employee | |
|---|--|
| <input type="checkbox"/> | New Name: _____ Please attach a copy of your updated, signed Social Security card. |
| <input type="checkbox"/> | New Address*: _____ City: _____ State: _____ ZIP: _____ |
| <input type="checkbox"/> | New Phone Number: (_____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| <input type="checkbox"/> | New Email Address: _____ |
| <input type="checkbox"/> | Cancel Direct Deposit Effective Date: _____ |
| <small>* Family Care Workers Only: If your new address changes your live-in status, please also complete the Electronic Visit Verification Live-in Worker Identification form at: https://www.dhs.wisconsin.gov/forms/f02717.docx</small> | |

| Completed by Employer/Client or Employee | |
|--|---|
| <input type="checkbox"/> | Employment Termination Date: _____ <small>Write the last day the Employee worked.</small> |
| | Reason for Termination: _____ _____ |

Employee Signature: _____ Date: _____