



## 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"/>	<b>New Name:</b> _____ Please attach a copy of your updated, <b>signed</b> Social Security card.
<input type="checkbox"/>	<b>New Address*:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>ZIP:</b> _____
<input type="checkbox"/>	<b>New Phone Number:</b> (_____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<input type="checkbox"/>	<b>New Email Address:</b> _____
<input type="checkbox"/>	<b>Cancel Direct Deposit Effective Date:</b> _____
* 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: <a href="https://www.dhs.wisconsin.gov/forms/f02717.docx">https://www.dhs.wisconsin.gov/forms/f02717.docx</a>	

Completed by Employer/Client or Employee	
<input type="checkbox"/>	<b>Employment Termination Date:</b> _____ <small style="margin-left: 100px;">Write the last day the Employee worked.</small>
<b>Reason for Termination:</b> _____ _____	

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