



Commonwealth of Virginia Department of Accounts
Employee Status Change Form

Mail Slot #37, P O Box 1878, Tallahassee FL 32302-1878
Fax 850-514-5803 • Phone 800-872-0345

Form with fields: To: FBMC Commonwealth of Virginia Processor, Date: (blank), From: (blank), Agency Number: (blank), Phone: (blank), Agency Name: (blank)

FBMC Benefits Administration Department
Please fax form to 850-514-5803

These changes apply to (check applicable box):

- Pre-Tax TSA
Post-Tax products
Both

Separation from State Service

- Employee separated from state service (terminated, resigned, retired).

Name: _____

Employee ID#: _____ Benefit End Date*: _____

Leave Without Pay

- Employee is on Leave without Pay.

Name: _____

Employee ID#: _____ Effective Date of Leave*: _____

Effective Return Date*: _____

Transfer to Another Agency

- Employee transfers to another agency.

Name: _____

Employee ID#: _____ Effective Date of Transfer*: _____

Old Agency Number and Name: _____

New Agency Number and Name: _____

* All dates should reflect the Pay Day upon which the status change is effective.