

**Fill in as appropriate  
CDS in Texas**

<b>PAYROLL CHANGE / WAGES &amp; BENEFITS / OTHER CHANGES</b>	<b>EFFECTIVE DATE (req'd)</b>
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**Employee name:** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_

**Last 4 digits of Social Security #** \_\_\_\_\_

**REASON FOR CHANGE (Please check one or more pertinent boxes)**

<b>ADDRESS CHANGE</b> <b>NAME CHANGE</b> <b>NEW HIRE</b> <b>INCREASE - ATTENDANT</b> <b>INCREASE - RESPITE</b> <b>PAY DECREASE</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>RESIGNATION</b> <b>RETIREMENT</b> <b>DISCHARGE</b> <b>LAYOFF</b> <b>OTHER</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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**REQUIRED ON ALL DISCHARGES:**      **LAST DAY WORKED:** \_\_\_\_\_

**REASON FOR DISCHARGE:** \_\_\_\_\_

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

**ELIGIBLE FOR REHIRE?**    YES       NO

**ADDITIONAL COMMENTS:** \_\_\_\_\_

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

**NEW ADDRESS & PHONE NUMBER CHANGE**

**Street:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Primary Telephone** \_\_\_\_\_ **Secondary Telephone:** \_\_\_\_\_

CHANGE	EMPLOYEE NAME/ POSITION OR PAY CHANGE	
	From	To
NAME CHANGE:		
PAY - PAS		
PAY - RESPITE		
PAY - Other: _____		

**Client Name:** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **DATE** \_\_\_\_\_

(OR DESIGNATED REPRESENTATIVE)