



STATUS NOTIFICATION FORM

SUBMIT TO: SAG-AFTRA
SEATTLE-PORTLAND LOCAL
123 BOYLSTON AVE EAST
SUITE A
SEATTLE, WA 98102
FAX: 206-282-7073
EMAIL: CHELSEA.HARRIS@SAGAFTRA.ORG

EMPLOYER/STATION: _____
DATE: _____
PREPARED BY: _____
TELEPHONE: _____
EMAIL: _____

EMPLOYEE NAME: _____ **SSN:** _____ - _____ - _____
HOME ADDRESS: _____

PHONE NUMBERS: _____ {HOME} _____ {MOBILE} _____ {WORK}
EMAIL ADDRESSES: _____ {PERSONAL} _____ {WORK/STATION}

JOB TITLE: _____
STATUS: ___ FULL TIME ___ PART TIME ___ DAILY HIRE/FREELANCE ___ OTHER
EXPLANATION: _____

ACTION: ___ HIRED* ___ REASSIGNED* ___ RESIGNED ___ TERMINATED[†] ___ OTHER
DATE OF ACTION: _____ **EXPLANATION:** _____

COMPLETE IF HIRED OR STATUS CHANGE IN UNIT*
SALARY RATE: ANNUAL \$ _____
 &/OR
 HOURLY \$ _____
PERSONAL SERVICES CONTRACT: ___ YES ___ NO
PSC TERM/DURATION: _____ YEARS
COMMENTS: _____

COMPLETE IF TERMINATED[†]
NOTICE: ___ APPLICABLE ___ N/A
AMOUNT: \$ _____ PAID ___ PENDING
SEVERANCE: ___ APPLICABLE ___ N/A
AMOUNT: \$ _____ PAID ___ PENDING
LEAVE PAYOUT: ___ APPLICABLE ___ N/A
AMOUNT: \$ _____ PAID ___ PENDING
COMMENTS: _____

FOR SAG-AFTRA USE: _____
