

REPORT OF CHANGES TAPP

COMPANY NAME: _____

TAPP POLICY # _____

PREPARED BY: _____

DATE PREPARED: _____

INSTRUCTIONS: All information is required in full for the following changes:

- REASON FOR CHANGE:**
- 1) Addition
 - 2) Rehired
 - 3) Terminated
 - 4) Class code change

EMPLOYEE NAME (First name, Last name)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX M/F	HIRE/REHIRE/ EFFECITIVE DATE (month-day-year)	TERMINATION DATE (month/day/year)	CLASS CODE (1, 2, 3)	JOB TITLE	ACTION CHANGE