10540 York Road
P.O. Box 8039
Cockeysville, MD 21030

Employer Name: _____

BMLL Group Number: _____

BMLL Team Number: _____

EMPLOYEE STATUS CHANGE
FOR SALARY CHANGES AND TERMINATIONS ONLY

Social Security Number	Last Name	Effective Date of Change	New Annual Salary	New Class	Termination Reason Code*

* 1 No Longer Employed
2 Death
3 Other