

Contractor Staffing Change Report

Plan Name: _____

Carrier Code(s): _____

Employees who left the contract in the past 60 days:

(If no employees have left the contract during this period, indicate “none in the column labeled “last name.”)

Last Name	First	MI	Email Address	User ID	Date Separated

Employees who joined the contract in the past 60 days:

(If no employees have joined the contract during this period, indicate “none” in the column labeled “last name.”)

Last Name	First	MI	Email Address	Date Joined

Certification of Designee on Delegation of Authority:

Contract Number:	Company Name:	Designee (Please Print):	Date:
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Signature of Designee on Delegation of Authority

Date