



RE/MAX STATUS CHANGE FORM

Please use this form whenever an associate or Licensed Assistant has a change of status for: TERMINATION, TRANSFER, RE-ACTIVATION, LEAVE OF ABSENCE, RETURN FROM LEAVE OF ABSENCE or ROSTER UPDATES.

ASSOCIATE NAME _____ RE/MAX International ASSOCIATE ID# _____

CURRENT OFFICE INFORMATION (REQUIRED)

For RE/MAX International Use only

Current Title Associate Manager Owner

Current Office ID# _____

Office Name _____

Office Address _____

City _____ State/Prov _____ Zip/Postal Code _____

If a Licensed Assistant: Name of Associate you are working for _____

ID# of Associate you are working for _____

TERMINATION

Date of Termination _____ Office Terminating From _____ Office ID # _____

Reason for Termination _____

TRANSFER*

Date of Transfer _____

Former Office ID #: _____ Office Name: _____ New Office* ID#: _____ Office Name: _____

**The New Office is responsible for sending this transfer form to RE/MAX International and the Regional Office.*

RE-ACTIVATION*

Date of Re-activation _____ Office ID # _____

If replacing previous Licensed Assistant position, include ID # of previous Licensed Assistant to be replaced _____

**RE-ACTIVATED Associates will be reactivated under the prior Associate ID#. Do not fill out a new member profile form*

LEAVE OF ABSENCE*

Date of Leave _____ Expected Return Date _____

Reason for Leave of Absence _____

**If no date is entered within the EXPECTED RETURN DATE, the expected return date will be entered as 6 months from the initial date of leave.*

RETURN FROM LEAVE OF ABSENCE

Actual Date of Return _____ Current Office ID# _____

ROSTER UPDATE INFORMATION

New Title (Circle One) Manager Sales Associate Date of Change _____

Associate Name Changed to _____

Team Status Change: From _____ To _____ Date _____

(A Team Leader may not change to Individual or Team Member status after March 15th of the current year)

LICENSED ASSISTANTS

Sales Associate, changing to Licensed Assistant status: Date of Change _____

Name of Associate you are working for _____ ID# of Associate you are working for _____

Licensed Assistant, changing to Sales Associate status: Date of Change _____

(Attach your Annual Dues payment. Your anniversary month will be changed to the month of your change to Sales Associate status)

Licensed Assistant, changing Team Leaders:

Name of Associate you are now working for _____ ID# of Associate you are working for _____

BROKER/OWNER NAME (Please Print) _____

BROKER/OWNER SIGNATURE _____ DATE: _____

ASSOCIATE SIGNATURE _____ DATE: _____

Upon completion, forward this copy to your local Regional office and RE/MAX International, Inc.,
P.O. Box 3907, Englewood, CO 80155-3907. Or fax to 303-224-5402 or 303-796-3827
Please visit RE/MAX Mainstreet for more information