

HR Benefit/ Payroll Change Form

Employer Information

Location Name: _____ Location # _____ Payroll Code: _____

Personal Information

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City, State, Zip: _____ County: _____

Status Change

(Check and Complete any applicable sections below)

Effective Date: _____

1. Change Hours From Current Hrs/Wk: _____ to New Hrs/Week: _____ Change FTE From _____ to _____

2. Change Classification

New Class: less than 30 hr / wk 30-34 Hrs/ less than 52 wks 30-34 Hrs/52 wks 35-40 Hrs/52 wks 35-40 Hrs/less than 52 wks

Part Time Seasonal Full Time Seasonal PT Per Diem FT Per Diem PT Temp FT Temp

Reason: Extended Hours Reduction of Hours Correction Transfer Job Reclassification

3. Change Job Title From Current Title: _____ To New Title: _____

4. Change Department From Current Dept: _____ To New Dept: _____

Reason: Transfer Job Change Correction

5. Change Pay Rate From \$ _____ per _____ To \$ _____ per _____

For Schools - Contract Teachers/Admin only: Change in Degree / Certifications (attach copy)

Received Masters Degree CAS Certification Date Received _____ Incr. in contract Amt \$ _____

Separation

(Check and Complete any applicable sections below)

Last Day Worked: _____ Date of Status Change: _____

1. Retire Early Retirement Normal Retirement

2. Place on Leave

Reason: Disability Educational Family Medical Military Personal Seasonal Summer

3. Return from Leave

Reason: Early Return Leave over Return from Summer Leave Return for Season Personal

4. Terminate

Voluntary- Eligible for rehire Voluntary- Not eligible for rehire

Reason: Abandoned Job Returned to School Illness / Injury Transfer Did not return from Leave

Relocation Other Employment Personal Mutual Agreement Other _____

Involuntary- Eligible for rehire Involuntary- Not eligible for rehire

Reason: Absenteeism End of temp. position Misconduct Deceased Other _____

Performance Position Eliminated Insubordination Failed to attend "Protecting God's Children"

Benefit Change

Benefit Eligible - Activate profile for self enrollment

Increase in Hours Qualifying Event (attach proof)

Terminate benefits **Benefit Termination Reason:**

Reduction in Hours Retirement Termination

Change in Eligibility Medicare Eligible Disability

Leave without Benefits Lay off without Benefits Subscriber Request

Cobra Event Termination Layoff Location Closed Death Other _____

Corporate Group Changes:

(Mark any changes that apply)

Business Unit #: _____ Location Address: _____

Company Class: Diocese -Religious Diocese -Lay (min 30 Hrs/ wk) Diocese -Medicare Eligible(provide copy of card)

Diocese -Not Benefit Eligible Diocese -NonProrated (schools) Diocese -Part Time Prorated (schools only)

Reason: Retirement Transfer Job Change Increase in hours Decrease in hours

It is understood that an increase in hours and/ or an increase in salary requires approval by all applicable departments.

Department Director Approval: _____ Date: _____

Budget/Accounting Approval: _____ Date: _____

Personnel Approval: _____ Date: _____

Pastor, Administrator or COO Approval: _____ Date: _____