

Employee Status Change Form

Employee Name: _____ Social Security #: _____

Address: _____

DT #: _____ Location Name: _____ Position: _____

Effective Date: ____/____/____ Date of Birth: ____/____/____ E-mail: _____

Employee Status

Type of Change: ☐ New Hire ☐ Rehire ☐ Employee Status Change

☐ Regular Full Time (30 hours or more) Hours per week: _____

☐ Regular Part Time (29 hours or less) Hours per week: _____

☐ Temporary (Less than 6 months) Hours per week: _____

☐ On Call (As Needed)

Salary Establishment/Change

Type of Change: ☐ New Hire ☐ Merit Increase ☐ Promotion ☐ Cost of Living ☐ Other _____

New Pay Rate: \$ _____ ☐ per hour (Non-Exempt) ☐ Bi-weekly salary amount (Exempt) Annual Salary \$ _____ (If Exempt)

IF SCHOOL EMPLOYEE: (If contracted teacher, please attach a copy of the contract)

of Pays: _____ First Check Date: ____/____/____ Final Check Date: ____/____/____

Status Change

☐ Location Change (Transfer) From _____ To _____

☐ Position Change From _____ To _____

☐ Leave of Absence From _____ To _____

☐ Other _____

Termination of Employment

* Please complete a Work History Form for Pension if hired prior to 01/01/2007

Last Working Day: ____/____/____

Eligible for rehire? ☐ Yes ☐ No (if no, list reason) _____

Select ONE reason for separation:

Voluntary:

☐ Dissatisfied w/ job or company ☐ Retirement ☐ School ☐ No Call/No Show ☐ Better job/pay/benefits/hours
☐ Medical-self or family ☐ Relocating ☐ Family issues ☐ Other _____

Involuntary:

☐ Poor performance ☐ Gross Misconduct ☐ Contract Ended ☐ Unqualified for job
☐ Violation of company policy/procedure ☐ Unprofessional conduct ☐ Other _____

Remarks: _____

Parish/School/Agency Signature: _____ Date: _____

Fax Original to Diocese of Tucson – HR Dept. (520) 838-2583 OR Email to payroll@diocesetucson.org

HR Rec'd Date: ____/____/____ IOI: ____/____/____ HRO: ____/____/____ BAS: ____/____/____

REVISED: 05/01/15