



Cover Sheet for:

Employee Status Change

Prior to submission, please save the Status Change Form, including the Cover Sheet in the following naming convention:

Location#_Employee Last Name_Effective Payroll Pay Date

When emailing the form to hr.payrollprocessing@raldioc.org, please use the following

Subject Line: Status Change Form_Location#/Location Name_Employee Last Name_Effective Payroll Pay Date

Thank you!



Diocese of Raleigh
Employee Status Change Form

This form is to be completed by the pastor or site administrator to process employee information or status changes. Complete first section entirely, and additional sections as applicable. **Refer to the HR Payroll Calendar for paperwork due dates.** Approval signature is required.

Type of Employee
☐ Parish
☐ School
☐ Catholic Center
RL# _____
Hrly/Sal Exmpt _____

Employee Name (Last) _____	(First) _____	(MI) _____	Type of Change (select from drop down menu) _____
Location Name _____	Location 3-digit RL# _____	Effective Date of Change (pay changes must occur first date of pay period - refer to payroll calendar) _____	

Complete ONLY fields for data that is changing.
Name changes must be accompanied by photocopy of new social security card.

PERSONAL DATA Changes

Employee Name - NEW (Last) _____	(First) _____	(MI) _____
Employee Email Address - NEW _____	Employee Phone Number - NEW _____	
Employee Address - NEW (Street, City, State, ZIP) _____		

POSITION Changes

Position Type - NEW (Select from) _____
Position Title _____
Dept. Number/Supv. Name - NEW _____

PAY RATE and STATUS Changes *Pay changes must include old and new rates.*

Salary Biweekly or Rate per Hour - PREVIOUS
\$ 0.00

Salary Biweekly or Rate per Hour - NEW
\$ 0.00

Exempt/Non-Exempt Status - NEW

☐ Exempt/ Salaried
☐ Non-Exempt/ Hourly

Select one of the following classifications based on a the employee's NEW regular weekly schedule:

☐ Regular Full-Time (30hrs+) ☐ Regular Part-Time (20-29hrs) ☐ Part-Time (< 20hrs) ☐ Temporary (project-based or long term substitute)

Number of Scheduled Hours Per WEEK (not a range): _____ Hours per day: _____ Days per week: _____

Does this change affect BENEFITS* status?
☐ Yes ☐ No

***If benefits status is affected by change in weekly hours worked, the next section must be completed for BENEFITS Changes.**

BENEFITS Changes

Changes to 403(b) must be made by employee via Lincoln Financial Group's website.

Desired NEW type of coverage (only if employee qualifies for such benefits, and works 30+ hours on a regular weekly basis):

Employee benefits premium withholding frequency: ☐ 20 Pay Periods (TA's and most school support employees only) ☐ 26 Pay Periods

If Status Change results in healthcare benefits eligibility, please process the Add Employee steps on the RETA Trust MyEnroll 360 website at retatrust.org. This process must be completed for all full-time employees even if they are waiving benefits. If Status Change results in a loss of eligibility for current benefit coverage, please process the Edit Class Code steps on RETA Trust MyEnroll 360.

Signature - Authorized Site Administrator (required)

Date

Signature - Diocese HR (after processing)

Date Processed

To ensure timely processing, please submit form(s) per payroll calendar deadlines to HR Department via email hr.payrollprocessing@raldioc.org or via secure fax: 984-275-1732.