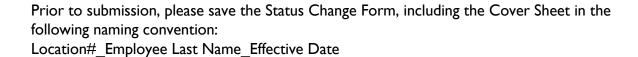


Cover Sheet for:

Employee Status Change



When emailing the form to hr.payrollprocessing@raldioc.org, please use the following Subject Line: Status Change Form_Location#_Employee Last Name_Effective/Payroll 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 <u>ONLY</u> fields for dat Name changes must be acco		of new social securit	y card.	POSITION Changes Position Type - NEW (Select from)
PERSONAL DATA Changes	(- : .)			1 Ostrion Type TVEVV (Select Holli)
Employee Name - NEW (Last) Employee Email Address - NEW	(First) Employee Phor	(MI) ne Number - NEW		Position Title
Employee Address - NEW (Street, City	, State, ZIP)			Dept. Number/Supv. Name - NEW
Salary Biweekly or Rate per Hour - Pf Select one of the following class Regular Full-Time (30hrs- Number of Scheduled Hours Pe Does this change affect BENEFITS* sta	sifications based on a the of the first status is sifications. The first status is sifications is status is sifications.	(20-29hrs) Part Hours per da	-Time (< ay:	
Desired NEW type of coverage Employee benefits premium of Status Change results in health Benefits Administrator at Benefits Administrator at Benefity even if they are waive the state of	ge (only if employee qualifies for su withholding frequency: 26 ncare benefits eligibility, p efits.forms@raldioc.org of ing benefits. If Status Cho	made by employee via ch benefits, and works 30+ hour D Pay Periods (TA's and most school please submit the CBEB or fax 984-275-1726. To ange results in a loss of	rs on a regula support employ TT Reques his form a f eligibilit	
	lministrator (required)		Dat	te
Signature - Diocese HR (after processing) Date Processed		te 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.