

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 Bi-weekly salary amount Annual Salary \$ _____
(Non-Exempt) (Exempt) (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

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: _____