

Catholic Diocese of Saginaw

EMPLOYEE STATUS CHANGE FORM

Today's Date _____

Effective Date of Change _____

Name _____ Job Title _____ Dept. _____ Dept. # _____

If multiple departments, indicate % of hours in each _____ Supervisor(s) _____

JOB STATUS

- Full Time: Non-Exempt Exempt Hourly Salary
- Part Time: Non-Exempt Exempt Hourly Salary Hrs. worked per week _____
- Temporary (not to exceed 6 months – not eligible for benefits) Casual (as needed – not eligible for benefits)
- Benefits Eligibility: PT1 (20 + hpw) FT (40 hpw) PT2 (< 20 hpw - ineligible)

CHANGE IN JOB STATUS

- New Job Title _____ Dept. _____ Dept. # _____
- Full Time: Non-Exempt Exempt Hourly Salary
- Part Time: Non-Exempt Exempt Hourly Salary Hrs. worked per week _____
- Temporary (not to exceed 6 months – not eligible for benefits) Casual (as needed – not eligible for benefits)
- Benefits Eligibility: PT1 (20 + hpw) FT (40 hpw) PT2 (< 20 hpw - ineligible)
- Other _____

PAY RATE / CHANGE IN PAY

Current Rate \$ _____ New rate \$ _____ Date of last increase _____

Reason: New Hire Annual Increase Merit Other

Explain Merit or Other: _____

SEPARATION: Voluntary Involuntary Layoff Other Last Day Worked _____

Reason for separation: _____

ADDITIONAL INFORMATION

Employee _____ Date _____

Supervisor _____ Date _____

Approval _____ Date _____

Copies: Personnel File Payroll