

Employee Status Change Form

Employee Name: _____ Employee # (if applicable): _____

PayCor Client ID #: _____ Location Name & City: _____ Dept. Code: _____

Effective Date: ____/____/____ Position: _____

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/Not Renewed 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: ____/____/____ PAYCOR: ____/____/____ BAS: ____/____/____