

### Employee Status Change Form

Employee Name: \_\_\_\_\_ Employee # (if applicable): \_\_\_\_\_

Paychex Client ID #: \_\_\_\_\_ Location Name & City: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position: \_\_\_\_\_

#### Employee Information

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Social Security # \_\_\_\_\_ Telephone \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_

#### Employee Status

Type of Change: ☐ New Hire ☐ Rehire ☐ Employee Status Change ☐ Termination ☐ LOA

☐ Regular Full-Time (30 hours or more) Hours per week: \_\_\_\_\_  
☐ Regular Part-Time (29 hours or less) Hours per week \_\_\_\_\_ ☐ Pension Eligible (Average at least  
☐ Temporary (Less than 6 months) Hours per week: \_\_\_\_\_ 900 hours in a calendar year)  
☐ 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) ☐ Per Year (Exempt) Work Comp Code\* \_\_\_\_\_

IF SCHOOL EMPLOYEE: (If contracted teacher, attach 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/FMLA From: \_\_\_\_\_ To: \_\_\_\_\_  
☐ Other \_\_\_\_\_

#### Termination of Employment

Last Working Day: \_\_\_\_/\_\_\_\_/\_\_\_\_ Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Payout Vacation

Eligible for rehire? ☐ Yes ☐ No (if no, list reason) \_\_\_\_\_

Select ONE reason for separation:

#### Voluntary

☐ Job Abandonment ☐ Retired ☐ Accepted another job ☐ Returned to School ☐ Quit To Move  
☐ Did not Return From Leave ☐ Personal ☐ Family Issues ☐ Health Reasons ☐ Other \_\_\_\_\_

#### Involuntary

☐ Failure to Perform Job Duties ☐ Leave Expired ☐ End of Temporary/Seasonal Job ☐ Deceased  
☐ Attendance/Tardiness ☐ Violation of Company Policy ☐ Unsatisfactory Work Performance  
☐ Falsification of Records ☐ Insubordination ☐ Other \_\_\_\_\_

\*See attached list for Work Comp Codes

Remarks: \_\_\_\_\_

Pastor/Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Securely email to [cpcpr@dio.org](mailto:cpcpr@dio.org)**

Revised 10/18/2021

HR Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_