



Cover Sheet for:
Employee Status Change

Prior to submission, please save the Status Change Form, including the Cover Sheet in the following naming convention:

Location#_Employee Last Name_Effective Date

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 ONLY fields for data that is changing. Name changes must be accompanied by photocopy of new social security card.

PERSONAL DATA Changes

Employee Name - NEW (Last) (First) (MI)

Employee Email Address - NEW Employee Phone Number - NEW

Employee Address - NEW (Street, City, State, ZIP)

POSITION Changes

Position Type - NEW (Select from)

Position Title

Dept. Number/Supv. Name - NEW

PAY RATE and STATUS Changes Pay changes must include old and new rates.

Salary Biweekly or Rate per Hour - PREVIOUS Salary Biweekly or Rate per Hour - NEW

Exempt/Non-Exempt Status - NEW

Exempt/ Salaried
Non-Exempt/ Hourly

Select one of the following classifications based on a the employee's NEW regular weekly schedule:

Regular Full-Time (30hrs+) Regular Part-Time (20-29hrs) Part-Time (< 20hrs) Temporary (project-based or long term substitute)

Number of Scheduled Hours Per WEEK (not a range): Hours per day: Days per week:

Does this change affect BENEFITS* status? ***If benefits status is affected by change in weekly hours worked, the next section must be completed for BENEFITS Changes.**

Yes No

BENEFITS Changes **Changes to 403(b) must be made by employee via Lincoln Financial Group's website.**

Desired NEW type of coverage (only if employee qualifies for such benefits, and works 30+ hours on a regular weekly basis):

Employee benefits premium withholding frequency: 20 Pay Periods (TA's and most school support employees only) 26 Pay Periods

If Status Change results in healthcare benefits eligibility, please submit the CBEBT Request for Group Coverage/Enrollment Form to Benefits Administrator at Benefits.forms@raldioc.org or fax 984-275-1726. This form must be completed by all full-time employees even if they are waiving benefits. If Status Change results in a loss of eligibility for current benefit coverage, please submit the CBEBT Statement of Change of Active Employment Form to Benefits Administrator at Benefits.forms@raldioc.org, or fax 984-275-1726.

Signature - Authorized Site Administrator (required)

Date

Signature - Diocese HR (after processing)

Date 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.