|  |  |
| --- | --- |
| Employee |  |
| Effective Date of Change |  |

|  |  |  |
| --- | --- | --- |
| **Work Information** | **From** | **To** |
| Job Title |  |  |
| Benefit Status |  |  |
| Pay Rate |  |  |
| Weekly Hours |  |  |
|  |
| **Is Employee Terminating?**  | YES NO |
| **Last Day of Work** |  |

|  |  |
| --- | --- |
| **Personal Information** | **To** |
| Name |  |
| Address |  |
| Home Phone |  |
| Cell Phone |  |
| Personal Email |  |
| 403b Contribution  | Manage online at **Retiresmart.com** |
| Insurance Changes | Mange online at **CharlestonDiocese.hrintouch.com** |

**Reason for changes and other changes or remarks not specified above:**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Employee** | **Supervisor** | **Department Head** |
| **Signature** |  |  |  |
| **Date** |  |  |  |

**For Administrative Use Only**

|  |  |
| --- | --- |
| Effective Check Date |  |
| Last Check Date |  |
| Enter Between |  | And |  |
| Entered By |  | On |  |