



Employee Status Change

Employee Profile

Employee Name: _____ Employee #: _____
Date: _____ Date Effective: _____

Pay/Benefit Change(s)

Pay Period: _____ Paycheck Date: _____
 Rate of Pay To: _____ Hour Week Pay Period Year
 Bonus or other Payment _____
 Position / Title Change To: _____
 Salary Breakdown Regular/Clergy _____ Housing _____ Total Salary _____
 Change in tax exemptions – Attach new W-4
 Marital status Single Married Divorced Death of Spouse
 Dependents Add Delete Name(s)/Relationship: _____
 Address/Phone change: _____
Additional Notes/Comments: _____

Other Changes

Type of Change: _____ From: _____ To: _____ Effective Date: _____
Comments: _____

Termination of Employment

Quit with Proper Notice Quit with without Notice Laid Off Terminated End of Assignment
Additional Notes/ Comments: _____
Eligible for Rehire: Yes No

Approved: _____ Date: _____
Signature