



Catholic Charities  
of the Diocese of Raleigh

Providing Help—Creating Hope—Serving All

## Form for Reporting Changes

**This form is to be used whenever an individual's employment status changes.**

What type of change?

Name currently in payroll (Last) (First) (MI)

Name if changed (Last) (First) (MI)

New Address-Street City ZIP

Primary Supervisor Secondary Supervisor

Current Title Effective Date of Change (MM/DD/YYYY) Location Payroll (RL#)

New Title Location Dept # Percentage

Exempt/Non-Exempt	Salary/Hourly	Hours Biweekly:	Salary Biweekly/ Rate per hour
Exempt	Salary		
Non-Exempt	Hourly		

### Healthcare Changes (effective 1st of following month)

Employee only Medical	Employee and Children Medical
Employee only Dental	Employee and Children Dental
Employee and Spouse Medical	Employee and Family Medical
Employee and Spouse Dental	Employee and Family Dental

Please select one of the following classifications based on a the employees typical schedule:

Regular Full-Time (≥30 hrs) Regular Part-Time (29-20 hrs) Part-Time (<20 hrs) Temporary/Seasonal

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date Processed

\_\_\_\_\_  
Administrator Signature (As Appropriate)