

# DIOCESE OF ARIZONA

Employee Status Change Form



## \*INFORMATION

Clergy  
 Lay

Today's Date: \_\_\_\_\_ Change Effective Date: \_\_\_\_\_  
Church/Location: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Personal Email: \_\_\_\_\_

## CHANGES & COMPENSATION

\*Change Reason:  Current Employee  New Hire  Rehire  Change Position

Transfer From: \_\_\_\_\_ To: \_\_\_\_\_

Other: \_\_\_\_\_

\*Compensation Change Reason:  Merit Increase  Promotion  Demotion  Market Adjustment

Other: \_\_\_\_\_

Full Time (1500+ hrs. per year)

Part Time (1000-1499 hrs. per year)  Part Time (less than 1000 hrs. per year)

\*Expected Total Working Hours per year: \_\_\_\_\_ (Required for benefits)

Salary \$: \_\_\_\_\_  
(Minimum \$35,568 annually or meet prerequisites)

Housing \$: \_\_\_\_\_  
(Clergy Only)

Hourly \$: \_\_\_\_\_

Benefits Needed

## TERMINATION

Reason:  Resignation  Retirement  Expiration of Contract  For Cause  Other \_\_\_\_\_

Eligible for Rehire?  Yes  No

Last day of work: \_\_\_\_\_ Paid through date: \_\_\_\_\_

Additional Term. Info.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MISC. CHANGE REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church Administrator/Manager Signature: \_\_\_\_\_  
\_\_\_\_\_

Date

\_\_\_\_\_  
Internal Staff: