DIOCESE OF SACRAMENTO

PERSONNEL TRANSACTION: TERMINATION / TRANSFER / CHANGE

☐**Termination** ☐**Transfer** ☐**Change** ***EFFECTIVE DATE:*** _____ PLEASE PRINT

(Circle One) **PARISH/ SCHOOL/ DEPT**	CITY:		FACILITY CODE:
EMPLOYEE NAME	LAST:	FIRST:	M. I.:
EMPLOYEE ADDRESS	CITY:	STATE:	ZIP CODE:
SOCIAL SECURITY NO		BIRTH DATE:	POSITION:

TERMINATIONS

TYPE OF TERMINATION	☐ VOLUNTARY ☐ INVOLUNTARY ☐ TERM FOR CAUSE **(attach PT 651 for all terminations)**	
PAID THROUGH DATE		**LAST DAY WORKED:**
VACATION PAY OUT	Number of Unused Accrued Hours:	
ORIGINAL HIRE DATE		**CURRENT HIRE DATE:**
ELIGIBLE FOR CONTINUATION OF COVERAGE ***Information must be provided if currently enrolled in medical / dental / vision plan(s)***	☐ ***YES*** ☐ ***NO*** ☐ ***TRANSFER*** ☐ **LIFE/LONG TERM DISABILITY** ☐ **Change of address** ☐ **Pending Waiver LTD/Life** **Medical Plan**:_____ (If Blue Shield state PPO High, Low or HMO) From BU #:_____ To BU #:_____ ☐ EE Only ☐ EE Plus One ☐ EE Plus Two or More	**Vision**: ***VSP*** From BU #:_____ To BU #:_____ ☐ EE Only ☐ EE Plus One ☐ EE Plus Two or More
		Dental Plan: *Delta* From BU #:_____ To BU #:_____ ☐ Employee Only ☐ Employee & Spouse ☐ Employee & Child(ren) ☐ Employee & Family
	Group Insurance / Payroll Deduction Term Date:_____	

TRANSFERS/CHANGES

TRANSFER ***Continuation of coverage section must be completed if enrolled in medical / dental / vision / life***	TO: _____ (New Parish/School/Dept) Facility Code FROM: _____ (Previous Parish/School/Dept) Facility Code TRANSFER BALANCES: Accrued Vacation Hours: _____ Accrued Sick Leave Hours: _____
NAME	PREVIOUS LAST: FIRST: M. I.: NEW LAST: FIRST: M. I.:
HOME ADDRESS	MAILING ADDRESS: CITY: STATE: ZIP CODE:
HOME TELEPHONE	( )
MARITAL STATUS	☐ MARRIED ☐ SINGLE
POSITION	NEW TITLE: ☐ EXEMPT ☐ NON-EXEMPT RANGE/CLASS/GRADE: STEP: JOB CATEGORY CODE:
WORK SCHEDULE	☐ F/T: Paid at _____ / hours per week ****If going from Eligible to Ineligible Status complete continuation of coverage section*** ☐ REGULAR P/T: Paid at _____ / hours per week _____% of F/T ☐ OCCASIONAL P/T: Paid at _____ / hours per week _____% of F/T ☐ TEMPORARY: Paid at _____ / hours per week (Not to exceed to 6 months)
RATE OF PAY	$ per: ☐ HOUR ☐ MONTH

_____ _____

Pastor / Principal / Supervisor **Date**

ORIGINAL TO: EMPLOYEE PERSONNEL FILE **COPY TO:** PAYROLL **COPY TO:** **COPY TO:** HUMAN RESOURCES/LAY PERSONNEL
2110 BROADWAY
Sacramento, CA 95818-2541

PT 200/650 (10/11) ****If transfer, send a copy to the new site***