

DIOCESE OF SACRAMENTO

PERSONNEL TRANSACTION: TERMINATION / TRANSFER / CHANGE

Termination
 Transfer
 Change
 EFFECTIVE DATE: _____ PLEASE PRINT

<i>(Circle One)</i> 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	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/> 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 <i>Information must be provided if currently enrolled in medical / dental / vision plan(s)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TRANSFER <input type="checkbox"/> LIFE/LONG TERM DISABILITY <input type="checkbox"/> Change of address <input type="checkbox"/> Pending Waiver LTD/Life		
	Medical Plan: _____ <small>(If Blue Shield state PPO High, Low or HMO)</small> From BU #: _____ To BU #: _____	Vision: VSP From BU #: _____ To BU #: _____	Dental Plan: Standard From BU #: _____ To BU #: _____
	<input type="checkbox"/> EE Only <input type="checkbox"/> EE Plus One <input type="checkbox"/> EE Plus Two or More	<input type="checkbox"/> EE Only <input type="checkbox"/> EE Plus One <input type="checkbox"/> EE Plus Two or More	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family
	Group Insurance / Payroll Deduction Term Date: _____		

TRANSFERS/CHANGES

TRANSFER <i>Continuation of coverage section must be completed if enrolled in medical / dental / vision / life</i>	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	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
POSITION	NEW TITLE: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	
	RANGE/CLASS/GRADE: STEP: JOB CATEGORY CODE:	
WORK SCHEDULE	<input type="checkbox"/> F/T: Paid at _____ / hours per week <input type="checkbox"/> REGULAR P/T: Paid at _____ / hours per week _____ % of F/T <input type="checkbox"/> OCCASIONAL P/T: Paid at _____ / hours per week _____ % of F/T <input type="checkbox"/> TEMPORARY: Paid at _____ / hours per week (Not to exceed to 6 months)	
RATE OF PAY	\$ _____ per: <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH	

Pastor / Principal / Supervisor

Date

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