DIOCESE
OF ST. PETERSBURG

STATUS CHANGE REQUEST AND APPROVAL

DATE

(Employing Entity) _____ (Employee Name) _____

CHECK APPROPRIATE BOX OR BOXES

☐ JOB TITLE	CURRENT JOB TITLE	
	NEW JOB TITLE	

☐ RATE	CURRENT RATE	EFFECTIVE DATE
☐ CHANGE	NEW RATE	EFFECTIVE DATE

STATUS	❑ EXEMPT ❑ NON EXEMPT	❑ FULL TIME ❑ PART TIME ❑ TEMPORARY

HOURS/WEEK_____ BENEFITS ☐ YES ☐ NO

❑ SEPARATION	❑ VOLUNTARY ❑ INVOLUNTARY	EFFECTIVE DATE

REASON FOR CHANGE

☐ LEAVE OF ABSENCE (give reason in comments section)	FROM	TO
☐ RETURNED	DATE	☐ INS. NOTIFIED

❑ STATUS	❑ NEW HIRE	❑ ANNUAL INCREASE
	❑ MERIT INCREASE	❑ RE HIRE
	❑ PROBATION COMPLETE	❑ OTHER

EMPLOYEE _____ DATE _____

SUPERVISOR _____ DATE _____

EMPLOYER APPROVAL _____ DATE _____

COMMENTS _____

_____

_____

WHITE COPY - PERSONNEL FILE • CANARY COPY - EMPLOYEE • PINK COPY - SUPERVISOR