ROMAN CATHOLIC DIOCESE OF SAINT PETERSBURG
COURAGEOUSLY *Living the Gospel*

# Status Change Report

**Today's Date** _____

**Employing Entity** _____ **Employee Name** _____

| | | | |
|---|---|---|---|
| ☐ **Job Title** | Current Job Title | New Job Title | Effective Date |
| ☐ **Pay Change** | Current Rate | New Rate | Effective Date |

| | | | | | |
|---|---|---|---|---|---|
| ☐ **Employment Status** ☐ **Rehire** | ☐ Exempt ☐ Non-Exempt | ☐ Full-Time ☐ Part-Time ☐ Temporary | Effective Date / Hours/Week | Benefits | ☐ Yes ☐ No |

| | | | | |
|---|---|---|---|---|
| ☐ **Cost Center** | Entity | Department | Class | Effective Date |

| | | |
|---|---|---|
| ☐ **Stipend** | $ Amount / Effective Date | **Reason:** |

| | | | |
|---|---|---|---|
| ☐ **Name Change** | New Name | Effective Date | **Reason:** |

Supervisor _____ Date _____

Chancellor for Administration _____ Date _____

Completed form sent to Payroll on _____