



Diocese of Wheeling-Charleston

Office of Human Resources

PAYROLL/STATUS CHANGE FORM

Paylocity Company ID #: _____

Parish/School: _____

City: _____

Employee: _____

Department: _____

SSN#: _____

Effective Date: _____

- Payroll Rate Change* Current Rate: \$ _____ New Rate: \$ _____
- Rehire (Per pay/per hour) (Per pay/per hour)
- Transfer Location/Department/ Position From: \$ _____ To: \$ _____
- Termination of Employment *(Please select type and benefits applicable)*
 - Resignation
 - Retirement
 - Benefits
- Other Explain: _____

Authorized Leave of Absence *Contact Human Resources to complete paperwork

Comments: _____

Authorized By:

Pastor/ Principal: _____

Date: _____

***All rate changes must become effective the 1 day of a 2-week payroll cycle.**

All sections of this form MUST be completed.
Missing information will delay the process.

Please email completed form to the Office of Human Resources.

| |
|---------------------------------------|
| Office of Human Resources Use: |
| Data Entered By: _____ |
| Date: _____ |