

DIOCESE OF ALLENTOWN***LAY EMPLOYEE DATABASE CHANGE FORM***

Employee Name: _____ Form Completed by: _____

Original Hire Date: _____ Date Completed: _____

Current Location: _____ Position Title: _____

Change in Employee Status:

Effective Date: _____

Full-Time _____ / No. of hours worked _____ Part-Time _____ / No. of hours worked _____

Termination _____ Resigned _____ Position Eliminated _____ Relocated _____ Retired _____ Death _____

If employee is being changed to full-time status:

- 1) Group Life Insurance Beneficiary Form Completed
- 2) Make sure a Life Event is entered in iSolved so that the employee can choose benefits

If employee is being changed to part-time status:

- 1) Remove pension deduction if working under 30 hours per week, under 20 if hired prior to 7/01/25
- 2) Make sure Life Event is entered in iSolved and appropriate benefits are terminated

If employee is terminated:

- 1) Please update their email address in iSolved to their personal email address.

Transferring to another Diocesan Location:

Effective Date: _____

Name and address of new location: _____

_____**Change in Personal Status:**

Effective Date: _____

If this section is used the section directly below must also be filled in

Married _____ Separated _____ Divorced _____ Death of Spouse _____ Deceased: _____

Name Change: _____

Change of Personal Information:

Effective Date: _____

Address: _____

Email: _____

Phone Number: (_____) _____

Updating Emergency Contact:

Name: _____

Home Number: (_____) _____

Address: _____

Work Number: (_____) _____

Cell Number: (_____) _____

PLEASE RETURN TO HUMAN RESOURCES**FAX: 610-439-7693**Please email **one** copy of this form to **all** the emails listed below:amullen@allentowndiocese.orgelanzieri@allentowndiocese.orgkcavanagh@allentowndiocese.orgpunger@allentowndiocese.org