

## ***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) Non-Pension Life Insurance Beneficiary Form Completed (until eligible for pension plan)
- 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 20 hours per week
- 2) Make sure Life Event is entered in iSolved and appropriate benefits are terminated

**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.org](mailto:amullen@allentowndiocese.org)

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