

Instructions for Employee Change Form

This form is to be completed by the employer representative not the employee.

Description: This form is to be used anytime that a current employee has a change in their current employment or personal changes such as marriage, moving, increase/decrease in hours, payroll rate change, etc. Terminations are handled through the employee termination form.

1. Enter the full name of the employee being hired
2. Enter the new employee's social security number

COMPLETE THE APPLICABLE LINES THAT REQUIRE A CHANGE!

3. Enter the employee's corrected date of birth and marital status – copy of birth certificate will be required to change the date of birth.
4. Enter the employee's new personal home address –They will also need to complete a new "Local Earned Income Tax Residency Certification Form"
5. Enter the employee's updated telephone number and/or email address.
6. Enter the employing parish, school, etc. name, accounting location number and phone number. PLEASE ENTER THIS INFORMATION FOR ALL REQUESTS!
7. Enter the employer's new department for this employee (i.e. Administration, Instructional, etc.) and his/her revised job title. BE SURE TO COMPLETE A NEW "PAYCOR BASE DEPARTMENT NUMBER WORKSHEET" for all department changes.
8. Enter the employer's Paycor client identification number and employee number from your payroll journals for identification purposes.
9. Enter the effective date of the change
10. Based on anticipated hours being hired for, insert the approximate annual salary of the new employee, the per pay amount or his/her hourly rate of payroll. Complete this line anytime an employee changes his/her hours of employment.
11. Regardless of the rate of pay for this employee, if changing, enter all of the following:
 - ✓ The anticipated annual hours expected to be worked by this employee,
 - ✓ The anticipated average hours per week to be worked by this employee, and

- ✓ The anticipated number of weeks this employee will work per year.

12. If an increase or decrease in hours enter the type of medical coverage being offered to employees working as least 30 hours per week and paid for by the employer.

- ✓ Union-tenured – this is for union teacher that have completed at least 6 semesters of teaching in the current school
- ✓ Union-Non-Tenured – this is for union teachers that have not yet completed 6 semesters of teaching in the current school.
- ✓ Handbook – this is for teachers teaching in a non-union school.
- ✓ VESI – this is for teachers that have agreed to retire with a subsidy. VESI stands for “voluntary early separation incentive”. This could also be handled by a change form.
- ✓ Employee only – this is for non-teachers where the parish is paying for medical coverage for only the employee. This employee will be eligible to purchase additional coverage through a payroll deduction for the difference between individual coverage and the selected coverage.
- ✓ Family coverage – this is for non-teachers where the parish is paying for medical coverage as any level needed by the employee. Remember that if the employer may check family coverage even if the new employee is only single. This tells the benefits office that if this new employee gets married, the employer will pay coverage for the new spouse. NOTE: You must consistently offer benefits within the employer. Offering individual coverage to some employees and family coverage to others could create a discrimination issue.
- ✓ Ineligible – check this block if this employee is working less than 30 hours and therefore not eligible for medical coverage.
- ✓ NOTE: The 30 hour per week medical eligibility is defined by the Affordable Care Act (ACA).

13. Enter whether this employee is eligible for dental coverage (to be consistent, the employee must be working as least 30 hours per week as required by the ACA for medical coverage):

- ✓ Check Employer paid if the employer is paying for dental coverage based on a change of employment.

- ✓ Check Employee paid if the employer is not paying for dental coverage for this new employee. NOTE: If the employer does not offer dental coverage, and they work over 30 hours per week, they will be offered participation in the dental program with the employee paying the full cost of coverage.
- ✓ Check Ineligible if this employee is working less than 30 hours per week and not eligible for dental coverage.

14. Enter whether this employee has changed eligibility for vision coverage (to be consistent, the employee must be working as least 30 hours per week as required by the ACA for medical coverage):

- ✓ Check Employer paid if the employer is paying for vision coverage based on a change of employment.
- ✓ Check Employee paid if the employer is not paying for vision coverage for this new employee. NOTE: If the employer does not offer dental coverage, and they work over 30 hours per week, they will be offered participation in the vision program with the employee paying the full cost of coverage.
- ✓ Check Ineligible if this employee is working less than 30 hours per week and not eligible for vision coverage.

15. Please provide a brief reason for this change.

Remember to sign and date the form before submission. As noted, this form may only to be signed by an authorized person with the employer, not the new employee.

Once the forms are completed, all documents should be mailed, emailed or faxed to:

Diocese of Pittsburgh
Employee Benefits Office
111 Boulevard of the Allies
Pittsburgh, PA 15222
Email: benefits@diopitt.org
Fax: 412-456-3050

**EMAILED FORMS WILL RECEIVE A CONFIRMATION THAT DATA IS RECEIVED.
FAXED FORMS MAY RECEIVE A CONFIRMATION DEPENDING ON OUR
WORKFLOW.**

**ONLY SEND ONE COPY OF THE FORMS TO THE ADDRESS LISTED ABOVE. DO
NOT SEND MULTIPLE COPIES BECAUSE THIS CAUSES DUPLICATION OF WORK.**

Forms must be received on the following schedule:

- ✓ For the 10th payroll – Forms must be received by the 26th of the prior month.
- ✓ For the 26th payroll – Forms must be received by the 10th of the month.