



Diocese of Great Falls-Billings

Payroll Status Change Form

Employee Name: _____

Date: _____

Department / Parish: _____

Effective Date: _____

Employee Status

Terminated Resigned New Hire Current Other _____

DOT: _____ DOH: _____

Full Time Part Time Seasonal Variable Weekly Standard Hours _____

Vacation/Sick Accrual

Vacation No Change Cancel Add Other _____

Sick No Change Cancel Add Other _____

Payroll

W-4 New Hire Change / Explain _____

Additional State Deduction Amount \$ _____

Additional Fed Deduction Amount \$ _____

Wages Salary New \$ _____ Change From \$ _____ To \$ _____

 Hourly New \$ _____ Change From \$ _____ To \$ _____

Change in Salary/Hours Explanation _____

Address change

Address _____

City, State, Zip _____

Phone _____ New Email _____

Other/Explanation

Supervisor / HR Approval _____

Date _____

Employee Approval of Change _____

Date _____

When supervisor has completed this form, please return to Human Resources for processing.