

POTOMAC EMPLOYEE STATUS CHANGES

Please indicate the desired changes and fax (540-886-5734) or mail to:
Human Resources
Potomac Conference of SDA
606 Greenville Ave.
Staunton, VA 24401

Employee Name: _____
(First) (Middle) (Last)

Date Change is to be Effective: _____

Change of Status

- | | | |
|--|---|---|
| From: | To: | |
| <input type="checkbox"/> Hourly, full-time | <input type="checkbox"/> Hourly, full-time | |
| <input type="checkbox"/> Hourly, regular part-time | <input type="checkbox"/> Hourly, regular part-time | <input type="checkbox"/> Less than 1/2 time |
| | | <input type="checkbox"/> 1/2 time or more |
| | | (1/2 = 20 hrs per week) |
| <input type="checkbox"/> Student | <input type="checkbox"/> Student | |
| <input type="checkbox"/> Temporary/Occasional | <input type="checkbox"/> Temporary/Occasional | |
| <input type="checkbox"/> Salaried, full-time | <input type="checkbox"/> Salaried, full-time | |
| <input type="checkbox"/> Salaried, regular part-time | <input type="checkbox"/> Salaried, regular part-time | |
| <input type="checkbox"/> Retiree, denominational | <input type="checkbox"/> Retiree, denominational | |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Terminated | |
| | <input type="checkbox"/> Resigned | |
| | <input type="checkbox"/> No longer eligible for retirement benefits | |
| | <input type="checkbox"/> No longer accrues vacation | |
| | <input type="checkbox"/> Other _____ | |

Change in Pay Rate:

From:
 \$ _____ (\$ per hour)
 _____ % (rate of rem.)
 \$ _____ Salary

To:
 \$ _____ \$ per hour
 _____ % (rate of rem.)
 \$ _____ Salary

Change in Medical Benefits:

- Qualifies for Medical Benefits
 No longer qualifies for Medical Benefits

Effective Date: _____
 Effective Date: _____

Change of Job Title:

From:

To:

Change of Name, Address or Phone:

From:

To:

Employer's Signature: _____ Date: _____