

**ARCHDIOCESE OF CHICAGO  
PERSONNEL CHANGE FORM - LAY – RELIGIOUS – EXTERN**

\_\_\_\_\_  
Last Name, First, Middle Initial Employee Number

\_\_\_\_\_  
Department Agency

\_\_\_\_\_  
Supervisor's Name  NEW Account Number

**Status Change**

**From:** Active \_\_\_\_\_ Active P/T \_\_\_\_\_ Active \_\_\_\_\_ **To:** Active \_\_\_\_\_ Active P/T \_\_\_\_\_ Active \_\_\_\_\_  
F/T \_\_\_\_\_ w/Benefits \_\_\_\_\_ P/T \_\_\_\_\_ Inactive \_\_\_\_\_ F/T \_\_\_\_\_ w/Benefits \_\_\_\_\_ P/T \_\_\_\_\_ Inactive \_\_\_\_\_

If Part Time, Number of Hours per week: \_\_\_\_\_

**Exempt Status:**  Exempt  Non-Exempt Effective Date \_\_\_\_\_

**Transfer - Location**

From \_\_\_\_\_ To \_\_\_\_\_ Effective Date \_\_\_\_\_  
Department # Agency# Department # Agency#  
Parish # or School #

**Position Change/Promotion**

From \_\_\_\_\_ To \_\_\_\_\_ Effective Date \_\_\_\_\_  
Position Grade Level Position Grade Level

**One-Time Stipend Payment**

Amount \_\_\_\_\_ Date \_\_\_\_\_

Reason \_\_\_\_\_

**Salary Change**

From \$ \_\_\_\_\_ To \$ \_\_\_\_\_ % \_\_\_\_\_ Effective Date \_\_\_\_\_

**Leave of Absence**

Medical – From \_\_\_\_\_ To \_\_\_\_\_

Paid Parental Leave – From \_\_\_\_\_ To \_\_\_\_\_

Personal – From \_\_\_\_\_ To \_\_\_\_\_

Return From Leave of Absence \_\_\_\_\_

**Termination**

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_  
Agency Director/Date Department Director/Date COO/Date

\_\_\_\_\_  
Human Resources/Date