



Type of Change	Employee Name	Payroll ID Number	Current Status	Status Change To:	Comment/ Email

Effective Date **FOR TRANSFERS:** New Payroll AC# New Parish Name New ParishID#

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Effective Date **FOR TRANSFERS:** New Payroll AC# New Parish Name New ParishID#

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Effective Date **FOR TRANSFERS:** New Payroll AC# New Parish Name New ParishID#

IMPORTANT:

Transmittal forms should be submitted for all new hires, rehires, transfers, terminations (including RIF), coverage changes, and employment benefits status changes. If Termination is due to Position Elimination, Severance Policy provides for Continuation of Health Insurance for three months at the Employee Cost of Coverage. Please indicate the Termination Effective Date and the Health Insurance Continuation Date.

Please submit the completed form to Human Resources via the 'Email to HR' button above. NOTE: This feature may not be compatible with all operating systems and browsers. If you do NOT receive confirmation that the email was sent, save the document on your computer and email it separately to HR@archchicago.org .

Parish/ School Name Submitted By Title

Payroll AC# Parish/School ID# Email Phone Date