

## Employee Change Request Form - Churches

Instructions: Please complete this form for any employment related changes (e.g. Department, Title, Type of Employment/Standard Hours, Pay, Exemption Status, etc.). Please note: a separate form is used to notify us of terminations.

Company Name:		Effective Date of Change:		
Employee Name:		Reason:		
<input checked="" type="checkbox"/> SELECT CHANGE(S)		CURRENT INFORMATION / STATUS	NEW INFORMATION / STATUS	
Employment Changes	<input type="checkbox"/> Department			
	<input type="checkbox"/> Title			
	<input type="checkbox"/> Type of Employment & Hours / Week	<input type="checkbox"/> Regular Full-Time _____ hours / week <input type="checkbox"/> Regular Part-Time _____ hours / week <input type="checkbox"/> Temp/LTE/Student _____ hours / week	<input type="checkbox"/> Regular Full-Time _____ hours / week <input type="checkbox"/> Regular Part-Time _____ hours / week <input type="checkbox"/> Temp/LTE/Student _____ hours / week	
	<input type="checkbox"/> Pay	<b>Current Rate of Pay – Non-Pastor:</b>		<b>New Rate of Pay – Non-Pastor:</b>
		<input type="checkbox"/> Hourly:        \$                    / hour		<input type="checkbox"/> Hourly:        \$                    / hour
		<input type="checkbox"/> Salary:         \$                    / year		<input type="checkbox"/> Salary:         \$                    / year
<b>Current Rate of Pay - Pastor:</b>		<b>New Rate of Pay - Pastor:</b>		
Taxable Wages/Salary    \$                    / year		Taxable Wages/Salary    \$                    / year		
Housing Allowance        \$                    / year	Housing Allowance        \$                    / year			
Other: _____        \$                    / year	Other: _____        \$                    / year			
Other: _____        \$                    / year	Other: _____        \$                    / year			
<b>Total Annual Comp.</b> \$                    / year	<b>Total Annual Comp.</b> \$                    / year			
Is the pastor licensed, commissioned, or ordained? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the pastor licensed, commissioned, or ordained? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the pastor meet all IRS requirements necessary to be FICA exempt per IRS publication 517? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the pastor meet all IRS requirements necessary to be FICA exempt per IRS publication 517? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<input type="checkbox"/> Exemption Status	<input type="checkbox"/> Non-Exempt  <input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt  <input type="checkbox"/> Exempt*	* Attach the employee's new job description if changing from Non-Exempt to Exempt.
	<b>Non-Exempt</b> employees are paid either hourly or salary and receive overtime pay when/if working more than 40 hours per week. <b>Exempt</b> employees are paid a salary and do <u>not</u> receive overtime pay even when/if working more than 40 hours per week.		
<input type="checkbox"/> Other (explain)			
	Supervisors, please complete the <b>Employee Termination Form</b> to notify us of a separation.		

Please sign where applicable below, authorizing Tandem HR to make the changes noted above. Note: any sections left blank will remain unchanged.

Supervisor Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Other Approver Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_