

PERSONNEL TRANSACTION: SEPARATION / CHANGE

Separation Change **EFFECTIVE DATE:** _____ PLEASE PRINT

(Circle One) PARISH/ SCHOOL/ DEPT	CITY:		FACILITY CODE:
EMPLOYEE NAME	LAST:	FIRST:	M. I.:
EMPLOYEE ADDRESS	CITY:		STATE: ZIP CODE:
SOCIAL SECURITY NO	BIRTH DATE:		POSITION:

SEPARATIONS

TYPE OF SEPARATION	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/> LAYOFF <input type="checkbox"/> RETIREMENT	IS EMPLOYEE REHIRABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO
PAID THROUGH DATE		LAST DAY WORKED:
VACATION PAY OUT	Number of Unused Accrued Hours:	
SICK HOURS	Number of Unused Accrued Hours (no monetary value):	
ORIGINAL HIRE DATE		CURRENT HIRE DATE:
ELIGIBLE FOR CONTINUATION OF COVERAGE <i>Reminder: Enter into RETA Trust website</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO or <input type="checkbox"/> TRANSFER All benefit administration is done on-line by the parish, school or agency at RETA Trust website. During the on-line process for a termination of employment, there will be an opportunity to instruct RETA to offer "Continuation of Coverage". At the termination date prompt, enter the employees last day of employment. For a change in an employee's employment status (from benefit eligible to ineligible), you will enter the date that the employee's status changed to ineligible at the termination date prompt. If a benefit eligible employee will be working for another parish, school or agency, a transfer of benefit's request should be entered into RETA Trust website.	

CHANGES

NAME	PREVIOUS LAST:	FIRST:	M. I.:
	NEW LAST:	FIRST:	M. I.:
HOME ADDRESS	MAILING ADDRESS:		
	CITY:	STATE:	ZIP CODE:
HOME TELEPHONE	()		
MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		
POSITION <i>Reminder: An updated job description will need to be placed in the personnel file. Please initial that you have provided the updated job description. _____</i>	NEW TITLE:	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	
	RANGE/CLASS/GRADE:	STEP:	JOB CATEGORY CODE:
	IS THIS A SUPERVISORY POSTION: <input type="checkbox"/> NO <input type="checkbox"/> YES – IF YES, EMAIL ADDRESS REQUIRED		
WORK SCHEDULE <i>Reminder: Changes in the schedule may alter benefits eligibility. Please initial that you have reviewed the applicable changes with the employee. _____</i>	<input type="checkbox"/> F/T: Paid at _____ / hours per week	*If going from Eligible to Ineligible Status complete continuation of coverage section	
	<input type="checkbox"/> REGULAR P/T: Paid at _____ / hours per week	_____ % of F/T	
	<input type="checkbox"/> OCCASIONAL P/T: Paid at _____ / hours per week	_____ % of F/T	
	<input type="checkbox"/> TEMPORARY: Paid at _____ / hours per week (Not to exceed to 6 months)		
RATE OF PAY	\$	per:	<input type="checkbox"/> HOUR <input type="checkbox"/> MONTH

Pastor / Principal / Supervisor

Date

ORIGINAL TO: EMPLOYEE PERSONNEL FILE

COPY TO: HUMAN RESOURCES/LAY PERSONNEL
2110 BROADWAY, SACRAMENTO CA 95818-2541
FAX: (916) 733-0238