



DIOCESE *of* COLUMBUS

Status Change & Transfer Request Form

For Status and Transfer request, please fill out the below:

Location:

Effective Date:

Name of Employee:

Last four digits of SSN:

Job Title:

Department:

Status:

Hours per Week:

FLSA: Non-exempt (Hourly) or Exempt (Salary)

Requested by:

Notes:

STOP here if this is a Transfer form - if not, continue below:

Manager:

Employee Signature (for Status Change form): Manager Signature (for Status Change form):