



Employee Information

Employee Type: Classified Contract (Non-Exempt) Teacher Contract (Exempt) Asst. Principal Contract (Exempt)
 Principal Contract (Exempt) Hourly Auto Lunch (Non-Exempt) Salary Exempt Commission (Non-Exempt) Clergy

Employee (EE) Last Name: _____ **Employee (EE) First Name:** _____

EE Code: _____ or New Hire **Work Location Code:** _____

Primary Supervisor: _____

Time Off Approval Supervisor: _____

Department (code)

Chancery (1000) Parishes (2000) Schools (3000) Ministries (4000) Food Service (5000)

Location Supervisor Form Action:

- EE Separation (Complete back of Form) EE New Hire – If EE Exempt provide a DOL Duties Test
- Change of Base Pay EE Status Change – If EE Exempt provide a DOL Duties Test
- Transfer (Requires BOTH Signatures) Multiple Position – Requires All Supervisor Signatures & Labor Dist. if salary
- Add or Delete Rate by Allocation Supervisor Change

Location Supervisor Form Action Information: - Contract EE's must have contract and/or addendum provided with LSF

Effective Date: _____ **Department Code:** _____

Work Location Code: _____ **Job Class Code:** _____

Base Pay Rate: _____ Per: Hour / Day / Salary

Exemption Status: Exempt Non-Exempt **EE Classification:** FT PT 90% PT 80% PT 70% PT 60% PT NBE

New Employee Type: Classified Contract (Non-Exempt) Teacher Contract (Exempt) Asst. Principal Contract (Exempt)
 Principal Contract (Exempt) Hourly Auto Lunch (Non-Exempt) Salary Exempt Commission (Non-Exempt) Clergy

Primary Supervisor: _____

Time Off Approval Supervisor Name: _____

Please Include the Salary Percentage Labor Distribution (Form 4) Information if EE works multiple locations: (All locations must agree on total EE Classification Combined) – Insurance and Salary will be split by Percentage of Labor Distribution below:

Department #: _____ Primary Work Location #: _____ Job Class #: _____ Labor %: _____

Department #: _____ Secondary Work Location #: _____ Job Class #: _____ Labor %: _____

Department #: _____ Third Work Location #: _____ Job Class #: _____ Labor %: _____

*EE Classification Key: *Less than 20 hours (Not Benefit Eligible (PT NBE) *20 to 25 hours = (PT 60%) *26 to 29 hours = (PT 70%)
*30 to 33 hours = (PT 80%) *34 to 37 hours = (PT 90%) *37.5+ hours = (FT 100%)*

PTO BASED ON WORK DAY: Not Eligible 7.5 hours 8 hours (All contract EE's are based on 8 hours)

IS THE POSITION SEASONAL: Yes No

Supervisor Signature (Primary): _____ Date: _____

Supervisor Signature (Other): _____ Date: _____

Effective Date of Separation: _____

Condition of EE Separation: Voluntary or Involuntary

Reason Provided: (Provide letter of resignation)

Another Position Position Eliminated Violation of Company Policy Relocation
 Retirement Other: _____

If Applicable, EE Vacation to be paid out: _____ hours

Does the employee have a Diocesan CDLEX e-mail account that needs to be suspended? Yes or No

Does the employee need to be removed from the MBA mailing list? Yes or No

*** Location Separation Checklist:**

Location Access Key(s) EE ID Badge Exit Interview Questionnaire Provided EE Cell Phone (If Applicable)
 EE Computer/Laptop/Tablet (If Applicable) Location Credit Card (If Applicable) Other:

Supervisor/Principal Initial: _____ Date: _____

***Diocesan Separation Checklist:**

CDLEX E-mail Suspended MBA Removal Benefits/Vacation/Contract Cash out EE File Removal

****Note: Employee (EE) Benefits end month end of the Separation date.*

8/1/22