

PERSONNEL TRANSACTION: SEPARATION / CHANGE

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

(Circle One) PARISH/ SCHOOL/ DEPT	CITY:	BCC/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
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 BenXcel 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 BCC's BenXcel website. During the on-line process for a termination of employment, there will be an opportunity to instruct BCC to offer "Continuation of Coverage". You will always want to answer "yes" to this prompt when terminating an employee. 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 made by email to BCC.

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:
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
 ORIGINAL TO: EMPLOYEE PERSONNEL FILE
 PT 200 (10/16)

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