

INSURANCE/EMPLOYEE BENEFITS/PAYROLL

Employee Eligibility Change Form

*******THIS FORM MUST BE FILLED OUT FOR PAYROLL AND BENEFITS TO BE PROCESSED*******

Failure to complete all necessary information will delay processing.

1. Employee Name _____

2. Social Security Number _____

ONLY COMPLETE THE APPLICABLE FIELDS THAT REQUIRE CHANGES BELOW:

3. Date of Birth _____ Gender _____ Marital Status _____

4. Home address _____

5. Employee Telephone # _____ Employee email _____

6. Employer Name _____ Location # _____ Phone # _____

7. Dept.(Cost Center.) _____ Job title(Position): _____

8. Paycor Client ID (from Payroll Journal) _____ Employee Number (from Payroll Journal) _____

9. Change Effective Date _____

10. Annual salary _____, per pay _____ or Hourly Rate _____

11. Annual hours _____ Hours/week _____ Weeks/year _____

12. Medical coverage: Union-Tenured Union-Non Tenured Handbook Employee only Full coverage VESI Ineligible

13. Dental coverage: Employer paid Employee paid Ineligible

14. Vision coverage: Employer paid Employee paid Ineligible

15. Reason for change (if applicable) _____

Employer Signature _____ **Date** _____

This form to be filled out and signed by the EMPLOYER
Fax completed form to (412)456-3050 or Email to benefits@diopitt.org

-----**FOR INSURANCE/PAYROLL USE ONLY**-----

PAYROLL

EMPLOYEE #: _____

PSD Code: _____ % _____

Signature: _____

Date: _____

BENEFITS

Packet _____ Paycor _____

eBenefits _____ File _____

The Standard _____ J.E. _____

Signature: _____ Date: _____

FINANCE: Paycor department code as determined by Paycor Base Department Number New Hire/Change Form:

_____ - Financial Services reviewer: _____