

ARCHDIOCESE OF GALVESTON-HOUSTON EMPLOYEE CHANGE FORM

EMPLOYEE NAME: _____ SS# _____

LOCATION: _____ ADP # _____

1. **HOURS**

Change From: _____ Change To: _____ Effective Date: _____

2. **NAME**

Change From: _____

Change To: _____ Effective Date: _____

3. **TERMINATION**

Termination Date: _____ Date Final Pay was Processed in ADP: _____

Signature of Business Manager/Bookkeeper

Date

Signature of Pastor or Principal required for **ALL** Changes

Date

Please fax to 713-654-5763