



EMPLOYEE STATUS CHANGE

Last Name _____ First _____ Middle _____ Employee # _____ Hire Date _____

Current Employer / Entity:

- St. Mary's Medical Center
- St. Mary's At Home/DME
- St. Mary's Physician Network
- St. Mary's Warrick EMS
- Ohio Valley HeartCare
- St. Mary's Breast Center
- St. Mary's Surgicare
- St. Mary's Warrick
- St. Mary's Physicians' Health Group

Job Title _____

Current Department/Status & Shift _____

Social Security #: Last 4 digits _____

Work #: _____

Home #: _____

Email Address: _____

Best Time to contact: Work _____ (Time)

Home _____ (Time)

Desired Employer / Entity:

- St. Mary's Medical Center
- St. Mary's At Home/DME
- St. Mary's Physician Network
- St. Mary's Warrick EMS
- Ohio Valley HeartCare
- St. Mary's Breast Center
- St. Mary's Surgicare
- St. Mary's Warrick
- St. Mary's Physicians' Health Group

Please complete the following if you are applying for a new position:

Job Title _____

Department Name _____

Shift(s) _____

Status (full-time, part-time, casual, temporary, etc.) _____

This change would result in:

- Transfer within St. Mary's Health System
- An additional position being added. Total FTEs = _____ (cannot exceed 1.0 FTE or 80hrs.)

Please attach a resumé or overview of your education and work experience: _____

I understand that my entire record may be reviewed by the prospective supervisor, and that I will be considered for this vacancy along with other possible applicants. I also understand that this request will in no way jeopardize my present position. **I understand that I cannot apply for a new position if outside my department if I am currently in my introductory period (have been in current job for less than 6 months). Submit form to your Human Resources Department. I consent to physical and medical exams as requested by St. Mary's.**

Employee's Signature _____

Date _____

This Section for Office Use Only

Approved Not Approved _____ Date _____

Hiring Director/Manager

Approved Not Approved _____ Date _____

Human Resources Department

Comments: _____

Effective Date: _____ Replaces: _____ Dept. Seniority Date: _____

From

To

Entity _____

Job Title _____

Cost Center _____

Authorized Hours/FTE _____

Salary _____

Shift (D / E / N) /Hrs per shift _____

Job Code _____

Shift Differential _____

Vacation Option II (Y / N) _____

Competency Date _____

SELECT Option (A, B, or C) _____

Salaried/Hourly _____

Director/Manager _____

- Congratulations! Your status change results in a promotion.
- Copy of Job Description given to applicant.
- Avoidable
- Unavoidable
- Yes
- No Your transfer results in a benefits change after your transfer becomes effective. Human Resources will mail a benefits change packet to your home.