



**The Western Canadian District of
The Christian and Missionary Alliance**

**Return completed form to:
Celeste Aviles at caviles@cmawdo.org or fax to 403-265-4599**

(All information in this document will be treated confidentially)

Employee Status Change Form

Employee Name:

Current Role:

Church Submitting Change:

Employment Changes

- New Hire**
Date: _____ Role: _____ Hours per week: _____ C&MA accredited: Y/N
- Termination**
Date: _____
- Change of Role (at present church)**
Date: _____ New Role: _____
- Transfer to another C&MA church or organization:**
Yes: _____ No: _____ If yes—where: _____

Classification Changes

- Change to Working Hours**
Date: _____ New Hours of Employment: _____
- Change to Salary**
Please e-mail this change separately to jsiebring@cmawdo.org
- Change of Family Status**
Date: _____ Change: _____

Change to Personal Information

Address: _____

Phone: _____

E-mail: _____

Fax: _____

Signature & Position

(Must be signed by person requesting the change)

Office Use Only

Database:

Personnel:

Finance:

Benefits: