

Title:	Processing Change of Status Forms	Effective Date:	04/16/2007
Author:	Camille Tanner	Last Review Date:	10/29/2020
Location:	All Locations	Last Revision Date:	01/18/2021
Functional Area:	Human Resources		

POLICY

Liberty Healthcare Corporation uses the CHANGE OF STATUS FORM (COS) to document and communicate vital personnel data, including new hires, terminations, changes in name or address, changes in rate of pay or job title, or any other changes in the status of an employee or subcontractor. The prompt and accurate submission and processing of CHANGE OF STATUS FORMS ensures that (1) staff receive compensation and, if applicable, benefits in a timely and accurate manner, and (2) all information in Liberty’s HR/payroll system is kept up to date to ensure that all personnel notices, year-end tax information, and related communications are directed to the right person at the right address.

PROCEDURE

Using the Change of Status form for New Hires:

- Hiring Manager or recruiter completes COS form when hiring a new employee or subcontractor. Separate forms are used for hiring employees and for hiring subcontractors. These forms can be found on the shared drive under FORMS/Recruiting, Credentialing and Human Resources. When hiring a new employee, the hiring manager must sign the COS where indicated. This signature verifies that the individual to be hired has been approved by Credentialing or has received a formal waiver from Credentialing. If a recruiter was involved in the hiring, the recruiter will forward the COS to the Hiring Manager for signature. The recruiter will obtain the signature of the Contract Manager. If a recruiter was not involved in the hiring process, the hiring manager will be responsible to obtain the Contract Manager signature. For all other transactions, the appropriate Contract Manager must sign the COS form to attest that they have approved this employee change.
- COS is forwarded by e-mail to corporate HR e-mail address: newhires@libertyhealth.com

Other employee status changes:

The Change of Status Form (COS) Form is used to communicate personnel data such as, changes in name or address, change in rate of pay or job title, or termination. This is the only official method to document personnel activity within Liberty. Below are general instructions on completing the Change of Status form. If you have specific questions about completion of the form, contact anyone in the corporate HR department.

General Instructions for Completion:

- **Date Revised** – If this COS is a revision, please indicate date of revision.
- **Program or Contract** – use drop down menu to choose appropriate employee location.
- **Name.**
- **Address** – put name of County for IN employees only.
- **E-mail address.**
- **Social Security Number.**
- **NAME CHANGE** – Place the original name in the Data Section with the new name under Name Change. For a name change, a copy of the employee’s new Social Security Card is required.

- **ADDRESS CHANGE** – if new phone number is given, please record as well. (employees have access to Employee Self Service to record address changes and are encouraged to use this method for notification of change. Subcontractors do not have access so a COS will be required.)

NEW HIRE, REHIRE, NEW POSITION – PLEASE CHECK APPROPRIATE BOX:

- **Rehire** – please check if the individual worked for Liberty previously, please mark box.
- **New Position** – please check if this is a new position.
- **Title** – please do not abbreviate.
- **Reports To** – please place name of person who will be approving this employee’s timesheet.
- **Open Req #.**
- **Start Date** – the day employee begins work.
- **Rate of Compensation** – non-exempt employees should have hourly rate; exempts are usually bi-weekly.
- **2nd Shift Rate:** – for shift differential amount.
- **3rd Shift Rate:** – for shift differential amount.
- **On-Call Rate** – rate for on-call hours over and above compensation listed above.
- **Call Back Hourly Rate** – if applicable.
- **FT** = full time.
- **PT** = part time – check appropriate box.
- **PRN** = as needed basis.
- **Temp** – temporary employee. (working for a predetermined limited amount of time).
- **Exempt/Non-exempt** – check appropriate box. (if there is a question, please contact Corporate HR)
- **Hrs/day** – number of hours worked per day.
- **Hrs/wk** – number of hours worked per week.
- **PTO – amount of annual pto**
- **Add to Concur expense**
- **Bonus** – if employee receives a signing or retention bonus use these spaces to record amount and date payable.
- **Initial Contract term: place check at appropriate term and notice period** – information gathered from employment agreement
- **Comments/Other** – place any explanation here for clarification.

INSTRUCTIONS FOR CHANGE OF COMPENATION:

- **Permanent/Temporary:**
- **Effective Date** – date change becomes effective.
- **Current Rate** – rate before change.
- **New Rate** – rate effective with change.
- **2nd Shift rate** – shift differential, if applicable.
- **3rd Shift rate** – shift differential, if applicable.
- **Hours/Benefit Change** – check yes or no box and complete any appropriate boxes in previous sections.
- **Comments** – place any explanation here for clarification.

INSTRUCTIONS FOR TERMINATION:

- **Voluntary/Involuntary** – check appropriate box.
- **Last date of employment.**
- **Last day worked.**
- **Resignation Letter rec’d** – mark yes or no and attach copy if received.
- **Severance Pay** – if yes mark box.
- **Pay PTO** – yes or no: employees are entitled to be paid for accrued PTO unless determined by collective bargaining agreement.
- **Comments** – place any explanation here for clarification.

Distribution of Change of Status Forms

- All COS forms should be sent to the Human Resources Department at HR@libertyhealth.com for processing. A copy of the COS should also be sent to the Payroll Department at payroll@libertyhealth.com and the financial analyst assigned to the location.

Have forms signed by all appropriate parties before submitting to the corporate office for processing.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	04/16/2007	Camille Tanner	Policy Created
#2	03/26/2020	Camille Tanner/Sue Nayda	The following changes were added: initial term, notice period and employee ID #
#3	01/18/2021	Camille Tanner	Added Distribution List
#4	03/23/2021	Camille Tanner	Replaced Corporate HQ with All Locations