

Payroll Department New Hires/Payroll Changes

SP/ Division # _____

Name _____ Job Title _____

Addr _____

Tele. # _____ DOB _____

Emergency Contact _____ Emergency Tele.# _____

Ethnic Background _____ Martial Status _____

Diocese Hire Date _____ Location Hire Date _____

Home Department _____ Additional Department _____

Work e-mail _____ Supervisor (s) _____

Exempt _____ Salary \$ _____

Non Exempt _____ Hourly Rate \$ _____

Full Time Hrs. Per Week _____ Part Time Hrs. Per Week _____

Required Documents:

- W-4 _____
- I-9 _____
- SSN _____
- Direct Deposit Form & Voided Check _____

Health Insurance: Plan A Amount \$ _____ Plan B Amount \$ _____

Dependent /Spouse/Children Coverage \$ Amt. _____

POP Authorization Form Attached _____

WC State ____ WC Code/ Description _____