EMPLOYEE WORKSHEET

PLEASE COMPLETE ENTIRE FORM

Submit this with completed mandatory FORM I-9 & W-4

☐ **New Hire** ***Information needed to issue paychecks** ☐ **Termination** ☐ **Status Change**

***Church** (Name and city): _____

***APPROVED BY:**_____ ***APPROVAL SIGNATURE**:_____

~~~EMPLOYEE INFORMATION~~~

(Please write clearly)

***NAME**: _____

First Name MI Last Name

SOCIAL SECURITY NUMBER: _____-_____-_____ **DOB**_____

***MAILING ADDRESS:** _____

***CITY:** _____ ***STATE**:_____ ***ZIP**:_____

PHONE NUMBER:_____ ***EMAIL**_____

(Needed to initiate background checks)

~~~EMPLOYMENT (NEW HIRE)~~~

***POSITION TITLE:** _____ Full-Time_____ or Part-Time_____

***HIRE DATE**:_____

*_____ Hourly Employee *Rate - $_____ / hour

*_____ Stipend Employee *Rate - $_____/ month and *#Hours - _____/ month

BENEFITS: Eligible for Benefits (20+ hours a week): Yes____ No____ Medical/Dental/Life Ins/Pension

Enrollment forms for insurance & pension submitted to The Diocese, Admin?

Vacation Yes____ No____ number of hours per pay period (month):_____

Sick Leave Yes____ No____ number of hours per pay period (month):_____

~~~STATUS CHANGE~~~

Changes Effective Date: _____

Salary change: Previous: $_____ per (month / hour) New: $_____ per (month/ hour)

Change in hours worked: Previous: _____ New: _____

Change in position or title: Previous: _____ New: _____

~~~TERMINATION~~~

Termination Effective Date _____ Last work day _____

Reason for termination: _____

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