

## New/Change of Employee Information

Parish Name: \_\_\_\_\_ Parish City: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Last Name First Name Middle Initial Prefix

Employee Address: \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employment Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Withhold Federal Taxes: ☐ Yes ☐ No Extra: \_\_\_\_\_

Withhold State Taxes: ☐ Yes ☐ No Extra: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Allowances: \_\_\_\_\_

Pay Group: ☐ Parish ☐ School ☐ Daycare ☐ Hot Lunch ☐ Cemetery

Pay Description: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Pay Rate: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Eligibility: ☐ 0-19 Hours a Week ☐ 20-29 Hours a Week ☐ 30 + Hours a Week

Direct Deposit Payroll: ☐ Yes (If yes, complete the bank's direct deposit form)  
☐ No, employee prefers printed check

### Deduction/Benefit Description:

Health Insurance: ☐ Yes ☐ No

Benefit Amount: \_\_\_\_\_ Deduction Amount: \_\_\_\_\_

401k Retirement: ☐ Yes ☐ No (If yes, please attach the 401(K) Sign-Up)

Other Benefits: \_\_\_\_\_

Other Deductions: \_\_\_\_\_

**Personal Time:** Only fill out next section if Vacation and Sick are recorded in ParishSoft

Earn per Pay Period: Sick per Pay period: \_\_\_\_\_ Earn per Anniversary: Sick \_\_\_\_\_  
Vacation per Pay period: \_\_\_\_\_ Vacation \_\_\_\_\_