

New/Change of Employee Information

Parish Name: _____ **Parish City:** _____

1 Employee Name: _____
Last Name First Name Middle Initial Prefix

1 Employee Address: _____

1 Gender _____ **1 Birthdate:** _____

1 Phone Number: _____ **1 Cell Phone:** _____

1 E-mail Address: _____

1 Emergency Contact: _____ **1 Emergency Phone #:** _____

2 Job Title: _____ **2 Employment Date:** _____

2 Termination Date: _____

3 Social Security Number: _____

3 Marital Status: _____ **Allowances:** _____

3 Withhold Federal Taxes: ☐ Yes ☐ No **Override Amt:** _____ **Extra Amt:** _____

3 Withhold State Taxes: ☐ Yes ☐ No **Override Amt:** _____ **Extra Amt:** _____

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

4 Pay Description: _____ **Cost Shared?** _____ (circle one) **Full time** **Part time**

4 Pay Rate: \$ _____ (Pastor Approval – Required below)

4 Account Code (office use) : 5000. _____ 1410. _____ Other _____

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

5 Deduction/Benefit Description:

5 Health Insurance: ☐ Yes ☐ No

5 Monthly Benefit Amount: \$ _____ **Monthly Deduction Amount:** \$ _____

5 401k Retirement: ☐ Yes ☐ No (If yes, please attach the 401(K) Sign-Up) _____

5 (New Employee) Is Employee in Bismarck Diocese Retirement Plan (circle one) **Yes** **Transfer** **No**

5 If Yes/transfer, what is existing deferral Amount \$ _____ **Type (circle one)** **Roth** **or** **Pretax**

5 Other Benefits: _____

5 Other Deductions: _____

6 Direct Deposit Payroll Required: Please complete and submit the direct deposit form

Pastor Authorization _____