New Employee Onboarding / Change Form

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

Employee Name: _____
Last Name First Name Middle Initial Prefix

Employee Address: _____

Gender _____ **Birthdate:** _____ **E-mail Address**: _____

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

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

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

Termination Date: _____

Social Security Number: _____

Marital Status: _____ **Allowances:** _____

Withhold Federal Taxes: ◯ Yes ◯ No Override Amt: _____ Extra Amt: _____

Withhold State Taxes: ◯ Yes ◯ No Override Amt: _____ Extra Amt: _____

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

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

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

(Benefits Ineligible) (Part-Time Benefits Eligible) (Full-time Benefits Eligible)

Deductions/Benefits

Health Insurance: ◯ Yes ◯ No

Monthly Benefit Amount: $ _____ Monthly Deduction Amount: $_____

401k Retirement: Is Employee in Bismarck Diocese Retirement 401k Plan from prior employer **Yes** ☐ **No** ☐

If Yes, provide prior employer when they were in the plan _____

If not currently in plan, is new employee eligible to be in plan: ◯ Yes ◯ No (If yes, attach Bravera 401(K) Sign-Up)

Other Benefits: _____

Other Deductions: _____

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

Pastor Authorization _____

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