

NEW EMPLOYEE OR CHANGE EMPLOYEE INFORMATION FORM

ADD A NEW EMPLOYEE TO PAYROLL (Complete all information, except File #, and attach required forms)

Check One

CHANGE AN EXISTING EMPLOYEE (Complete name, Soc Sec #, File #, work location and any changes to information currently in use)

EMPLOYEE NAME	
SOC SEC # / / _____	File # _____

Employee Address _____

Email Address _____

Employee Home Phone () _____

WORK LOCATION	Job Title _____
----------------------	-----------------

Forms attached

<input type="checkbox"/> I-9 (Employment Eligibility)	<input type="checkbox"/> W-4 (Federal)	<input type="checkbox"/> K-4(IT-4) (State)
<input type="checkbox"/> Acceptance Form	<input type="checkbox"/> Direct Deposit (All regular employees)	
<input type="checkbox"/> Diocesan Pension Forms (eligible new employees)		

✦ **All forms must be received for a new employee before the new employee can be processed**
 ✦ **New employee must have passed a background check and completed VIRTUS requirements**
Forms available: www.covingtondiocese.org / all diocesan offices / finance / payroll & benefit forms

Salary Information: (Complete either semi-monthly salary OR hourly rate. Do not complete both)
 \$. Semi-monthly Salary Rate (Salaried school employees see pay options below)

\$. Hourly Rate (Number of Hours to be called in for each pay date)

(Contact the Payroll Office (392-1557) if you have any questions about entering salary information)

If the employee is a salaried school employee (other than a contracted teacher), does he/she opt to be paid:

- 20 equal semi-monthly payments September through June _____ employee initials
- 24 equal semi-monthly payments September through August _____ employee initials
- 24 equal semi-monthly payments July through June _____ employee initials

Work Schedule: Employee is (check one) _____ Full-time _____ Part-time (if part-time, Full-Time Equivalent % _____ %)
 (Mark Y or N) _____ At least 21 years of age
 _____ Expected to work at least 15 hours per week
 _____ Expected to work at least 5 months per year

Hire Date _____ **First Pay Date** _____ **OR** **Pay Rate Effective Date** _____

Signature of Pastor or Principal _____

Date _____

(MAKE A COPY FOR YOUR RECORDS)

OFFICE USE: Rec'd _____ File # _____ 1st pay _____