

CHANGE / TRANSFER EMPLOYEE INFORMATION FORM

Use this form ONLY for employee changes/transfers/Re-Hires - Use the New Hire Form for new hires

**Complete name, SSN, EE#, Work Location
and all necessary changes.**

EMPLOYEE
NAME

SOC SEC #: _____ File #: _____

IF "RE-HIRE", enter Re-hire date: _____ First Pay Date: _____

Employee Address _____

Email Address _____

Employee Home Phone _____

Check here if employee is transferring to another Parish/School/Diocesan location. List new location:

WORK LOCATION _____ Job Title _____

Forms attached I-9 (Employment Eligibility) W-4 (Federal) K-4(IT-4) (State)
 Acceptance Form Direct Deposit (All regular employees)
 Diocesan Pension Forms (eligible new employees)

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 (392-1500) 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 _____

Signature of Pastor or Principal _____

Date _____

(MAKE A COPY FOR YOUR RECORDS)

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