

Payroll Information Form

New Hire Rehire Change Termination LOA DATE: _____

Employee #	Last Name	First Name Middle Initial
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Street Apt	City, State
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Social Security #	Date Hired	Telephone H- C-	Sex	Date of Birth
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*1 =Non-minority 2= Black 3=Hispanic 4=Asian 5 = Alaskan Native/American Indian W-4'S REQUIRED TO BE COMPLETED

*EEOC Code	Federal Tax Status	Federal Exemptions	State Tax Status	State Exempt
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Hourly Rate (non-exempt)	Scheduled Weekly Work Hours	Effective Date	Salary Rate (Exempt)	Exempt Status <input type="checkbox"/> Non-exempt <input type="checkbox"/> Exempt	FT/PT Status	ReHire Date
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Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Work Comp Code	Pension Eligible* <input type="checkbox"/> Yes <input type="checkbox"/> No	Termination Date	Last Date Worked	Leave of Absence Start Date	Leave of Absence Return Date
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*Pension Eligibility: Based on the employee working 52 weeks in a calendar year, pension eligibility would equate to an employee working 17.31 hours in a work week to total 900 hours in a calendar year. An employee is pension eligible if working 900 + hours in a calendar year.

Introductory Period Performance Review Date:

Employed at Name: Curia/Agency/Parish/School: _____ Job Title: _____

Change of Personal Information/Personnel Status/Other

Name Street/City/Zip Code Telephone Exemptions/ Other _____

Marital Status
(New W-4 Required)

WEEKLY SCHEDULED WORK HOURS Increase Decrease

CHANGE IN ELIGIBILITY STATUS FOR BENEFITS/PENSION

RATE INCREASE/DECREASE FROM \$ _____ HR/WK TO \$ _____ HR/WK

REASON FOR INCREASE/DECREASE

AMOUNT OF LAST INCREASE/DECREASE \$ DATE OF LAST RATE CHANGE

FMLA AVERAGE WEEKLY HOURS # OF SCHEDULED DAYS MAXIMUM FMLA HOURS

TERMINATION - CHALLENGE UNEMPLOYMENT CLAIM NO YES (IF YES EXPLAIN BELOW)

PAYOUT ACCRUED VACATION AT TERMINATION

OTHER:

ADDITIONAL COMMENTS:

PREPARER _____ APPROVAL _____

Payroll Copy Employee File Copy

Eligible for Benefits	Eligible for PTO
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For Benefit Enrollment see Reverse

Payroll Information Form

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Street	Apt	City, State	Zip Code
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BENEFITS

Eligibility for health, voluntary life and dental coverage is a minimum work schedule of 30 hours per week.

Employee does not meet 30 hour work schedule eligibility requirement for health, life, dental benefits or employment is temporary.

Employee does meet 30 hour work schedule eligibility requirement for health, life, dental benefits.

Health Insurance: Enrolled : _ Waived Health Coverage

Coverage Level: Individual Empl + Spouse Empl + Child Family

Delta Dental Additional Coverage: Employee Spouse Only Children Family

Voluntary Life: Enrolled: _ Voluntary Life Waived:

Coverage Amt: Self \$ _ Spouse \$ Children \$

Pension: Work schedule will total 900 or more hours per year Yes No