

# HR Benefit/ Payroll Setup - COMPLETE ALL SECTIONS

## Personal Information *(To be completed by Employee)*

Salutation:  Dr.  Hon.  Miss  Mr.  Mrs.  Msgr  Rev  Sister  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Generational Suffix:  Jr.  Sr.  I  II  III  IV  2nd  3rd  4th  5th  
Qualification Suffix:  CFA  CFP  CPA  DDS  DMD  DO  Esq  JD  MD  NP  PA  PhD  RN  
**Print name EXACTLY as it appears on your Social Security Card below:**  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph ( ) \_\_\_\_\_ Cell Ph # ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Medicare Eligible?  NO  YES - Attach copy of Medicare Card

## Employment Information *(To be completed by Employer)*

Action:  New Hire  Rehire This Position is:  New  Existing  
Hire Date: \_\_\_\_\_ Job Code: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Location Name: \_\_\_\_\_  
Part time:  less than 30 hr / wk  30-34 Hrs/52 wks  30-34 Hrs/ less than 52 wks  
 Part Time Per Diem  Part Time Seasonal  Part Time Temporary  
Regular:  Full Time Per Diem  Full Time Seasonal  Full Time Temporary  
 35-40 Hrs/52 wks  35-40 Hrs/less than 52 wks  
Business Unit #: \_\_\_\_\_ Location Address: \_\_\_\_\_  
Company Class:  Diocese -Not Benefit Eligible  Diocese -Lay (min 30 Hrs/ wk)  Diocese -Medicare Eligible(provide copy of card)  
 Diocese -Clergy  Diocese -Religious  Diocese -Seminarian  
 Parish -Lay (min 30 Hrs/ wk)  Diocese Schools -NonProrated  Diocese Schools - Prorated (30-35 hrs/wk)  
Home Dept #: \_\_\_\_\_ Pay Group (# of pay pds):  1  10  12  20  21  24  26  
Work Ph # ( ) \_\_\_\_\_ Work Cell: ( ) \_\_\_\_\_ Work Email: \_\_\_\_\_  
I-9 Citizenship:  A citizen of the United States  A noncitizen of the US  
 A Lawful Permanent Resident Alien (Alien #) \_\_\_\_\_  
 An alien authorized to work(alien or adm#) \_\_\_\_\_ Expires: \_\_\_\_\_  
Visa Information: Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expires: \_\_\_\_\_  
Reports to: \_\_\_\_\_  
Location Type:  Parish  School  Cemetery  Administration  
Earnings Information  
Rate: \$ \_\_\_\_\_  per Hour  per Day  per Week  Biweekly  Bimonthly  per Month  
Hours worked per \_\_\_\_\_ Weeks per year: \_\_\_\_\_ Annual Compensation: \$ \_\_\_\_\_

## Payroll Information *(To be completed by Employer)*

Payroll is processed  On Location using:  ADP  Paychex  Other \_\_\_\_\_  
 By Diocese - Payroll Code \_\_\_\_\_  
Withholding Information:  
Federal:  Single  Married  Married but withhold at higher single rate Number of Exempt \_\_\_\_\_  
State:  Single  Married  Married but withhold at higher single rate Number of Exempt \_\_\_\_\_  
**If payroll is processed by the Diocese, Please check off and attach the following forms:**  
 W4 Form (Federal Tax WH)  Copy of offer or contract  Acknowledgement of Enrollment Instructions  
 IT-2104 (State Tax WH)  I9 Form with copy of Id  Direct Deposit Form (Optional)  
**Employer Representative Completing this Form** \_\_\_\_\_ **Date:** \_\_\_\_\_