

CONFIDENTIAL EMPLOYEE INFORMATION

USE THIS FORM IF THE FINANCE DEPARTMENT IS PROCESSING YOUR PAYROLL

Parish Name _____ City _____ Prsh # _____

Last _____ First _____ MI _____ Address _____

City _____ State _____ Zip _____ Phone _____

Social Security Number _____ DATE OF BIRTH / / HIRE DATE / / START DATE / /

SEX M F MARITAL STATUS Single Married CIRCLE ONE: Exempt Nonexempt I-9 Completed: Yes No Classification: (Circle One) Full Time PT A PT B PT C

Job Title: _____ Salary (Annual) \$ _____ Monthly _____
Hourly Rate \$ _____ Semi-monthly _____

Average Hours Worked _____ Per Week _____ Per Month _____ Months Per Year _____

CIRCLE ONE: (Primary department employee works in)
101 - CHURCH 102 - RECTORY 103 - EDUCATION 104 - CEMETERY 105 - CONVENT 106 - SCHOOL

CHECK ALL DEDUCTIONS THAT APPLY:
____ CAFE FEE _____ SEC. #125 MEDICAL _____ SEC. #125 CHILD CARE _____ LIFE INSURANCE
____ MEDICAL INSURANCE _____ 403(B) RETIREMENT _____ OTHER: _____

DIRECT DEPOSIT INFORMATION

BANK INFORMATION

Name: _____
Address: _____
Telephone #: _____ Check One: ____ Checking ____ Savings
Bank Routing #: _____ Account #: _____

Does this employee work with youth under the age of 18 on a regular and ongoing basis? YES NO

If YES...
Has this individual signed the Code of Conduct form? YES NO
Has a Background Check been ordered? YES NO

INSTRUCTIONS TO PARISH BOOKKEEPERS/SECRETARIES

The information on this form is used to enter the employee into the payroll program. If the information is filled out by the employee, please verify the information before sending to the Office of Benefits for accuracy. It is important that this form be completed for each new hire and a copy of their W-4, WT-4 and W-5 (if eligible) be included with this form.

Parish Payroll Processing Information--Attach a copy of Employee's W-4 & WT-4 Withholding Certificates

Earned Income Credit - If eligible: Complete Form W-5 attach copy of form. Expires 12/31 and employee must refile.

If employee is eligible for benefits, please complete and return the Employee Benefits Request form

Forms and copies of tax information can be mailed to:
Diocese of Superior, PO Box 969, Superior, WI 54880
Attn: Office of Benefits

OR

Fax to:
715/395-3758

EMPLOYEE BENEFIT INFORMATION

(Attach to Confidential Employee Information form)

Parish Name	City	Prsh #
Last Name	First Name	MI

EMPLOYEE BENEFITS

Health/Dental, Cafeteria Plan, LTD & Life Insurance benefits --- effective the 1st of the month following 30 days of employment.

PLEASE CHECK ALL THAT APPLY

COMPLETE THIS FORM AND RETURN TO:

Diocese of Superior
P.O. Box 969
Superior, WI 54880

Attn: Employee Benefits

- HEALTH INSURANCE** (Optional--Employees who work 130 hours or more per month)
- 125 PLAN** (Optional--Full time employees not participating in diocesan health plan, but insured under spouse's health plan)
- DENTAL INSURANCE** (Optional-- Full time employees who work 130 hours or more per month)
- VOLUNTARY LIFE INSURANCE** (Optional--Full time employees who work 130 hours or more per month)
- BASIC LIFE INSURANCE** (Mandatory for all full time employees who work 130 hours or more per month)
- LONG TERM DISABILITY INSURANCE** (Mandatory for all full time employees who work 130 hours or more per month)
- CAFETERIA (125) PLAN** (Optional--Employees who work 20 hours or more per week for 20 weeks or more per year)
- AFLAC INSURANCE**(Optional--Employees who work 20 hours or more per week for 20 weeks or more per year)
- 403(b) RETIREMENT** (Optional--Employees who work 20 hours or more per week for 20 weeks or more per year)

Form can be faxed to: 715/395-3758

CONFIDENTIAL EMPLOYEE INFORMATION

Parish Name	City	Prsh #
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Last	First	MI	Address
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City	State	Zip	Phone
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Social Security Number	DATE OF BIRTH	SEX M F	MARITAL STATUS Single Married
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HIRE DATE	START DATE	I-9 Completed: Yes No	Classification: (Circle One) Full Time PT A PT B PT C
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CIRCLE ONE: Exempt Nonexempt	Job Title:	Salary (Annual) \$ _____ or Hourly Rate \$ _____
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Average Hours Worked	Per Week _____	Per Month _____	Months Per Year _____
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Does this employee work with youth under the age of 18 on a regular and ongoing basis? YES NO

If YES. . .
Has this individual signed the Code of Conduct form? YES NO
Has a Background Check been ordered YES NO

EMPLOYEE BENEFITS

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