

Archdiocese of Louisville

Employee Name			Employment Status		Annual Hours _____	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
			Other _____			
Social Security No.	Date of Birth	Marital Status	Gender	Date of Hire	Prior Employment in Archdiocese	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address		City	State		Zip	County

IN CASE OF EMERGENCY - CONTACT:

Name	Relationship	Phone	Address
Name	Relationship	Phone	Address
Doctor		Phone	Address

- Application/Resume
- Position Description
- Contract/Payroll Status Change
- Benefit Enrollment Form
- If medical or dental coverage is selected: Humana Enrollment Form
- W-4
- K-4 or I-4
- I-9
- Payroll ACH Authorization
- Criminal Records Check Date _____
- Safe Environment Date _____
- 401k Eligibility date _____
- Beneficiary Designation Form
- Paycheck Contribution Election Form
- Personnel Policy Manual signed Acknowledgement of Receipt

TERMINATION RECORD

Last Day Worked	Reason
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Benefits end on the last day of the month

- Benefits for Terminating Employees information Date _____
- Notification of Employee Benefit Change to Chancery Date _____
- COBRA Qualifying Event Form Date _____
- Humana Employee Change Form Date _____
- Notify AIM Date _____
- Remove from STD worksheet Date _____