

**ARCHDIOCESE OF LOUISVILLE  
EMPLOYEE ENROLLMENT  
INFORMATION FORM/CHECK LIST**

**IDENTITY**

Name: First	Middle	Last	Suffix	Accredited		
Address: Street		Apt#	Zip	City	State	County
SS# _____ - _____ - _____		Hire Date _____		Birth Date _____		
Job Title _____						
Phone (Area) Ext		Phone Type		E-Mail Address		
Rate of Pay \$ _____ Hourly/Salary						

**GENERAL**

Employment Status	Status Type	Employee Type	Annual Hours Working
Original Hire Date _____	Rehire Date _____		
Gender	Ethnicity	Marital Status	

**EARNINGS**

Cash Option \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

**DEDUCTIONS – Semi-Monthly Amounts**

Effective Date \_\_\_\_\_

Health INS: Type	Deduction \$	Dental INS: Type	Deduction \$
Health Care Deduction \$	Child Care Deduction \$	STD Deduction \$	
Tuition Deduction \$	Donation Deduction \$	For	
Other Deduction \$	For		
401(K) Employer Date of Eligibility _____			

(\*\*The "Factor" cell in Paycor allows you to pre-set deductions and earnings so that you can set up these amounts to begin on the eligibility date.)

**TAXES**

State Filing Status (State)	Exemptions	Add \$	Federal Filing Status	Exemptions	Add \$
City of	Resident	Non Resident			

**DIRECT DEPOSIT**

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Account 1 Routing #	Acct #	Acct Type	Amount Allocated \$
Account 2 Routing #	Acct #	Acct Type	Amount Allocated \$
Account 3 Routing #	Acct #	Acct Type	Amount Allocated \$

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Special Notes

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Department	% Allocation to Dept (For GJ entry use)	Workers Comp Code
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**CUSTOM**

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Date of Background Check (Form on File)	Date of Safe Environment Training (Form on File)
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Date of Central Registry Check (Form on File - This is needed for Child Care/Pre-K Employees)

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Emergency Contact Name	Relationship	Number (Area) Ext
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**Have the following materials been provided to the Employee:**

Personnel Policies and Procedures Manual	Y/N (Signed receipt received Y/N)
Benefits Summary Plan Description Booklet & Enrollment Form	Y/N (copy of Form to Arch. Y/N)
Archdiocese Employees Retirement Plan Summary Booklet	Y/N
Health Insurance Packet (with enrollment form)	Y/N
Dental Insurance Packet (with enrollment form)	Y/N
A.I.M. Brochure	Y/N
COBRA New Hire Notification Form	Y/N (copy of Form to Arch. Y/N)

**Have the following documents been obtained for the Employee File:**

W-4	Y/N
K-4 or WH4 (Indiana)	Y/N
I-9 (With Two Forms of Identification)	Y/N
Safe Environment Code of Conduct Certificate	Y/N
Criminal Background Check Results	Y/N
Automatic Payroll Deposit Authorization Form and voided check	Y/N
Resume or Application for Employment	Y/N
Job Description	Y/N
Compensation Form (Contracts for Teachers)	Y/N
Other (Teaching Certificates, Transcripts, etc.)	Y/N

