

# Archdiocese of Louisville

Employee Name			Employment Status		Annual Hours _____	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Other _____		<input type="text"/> Part Time	
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
Phone Number						

**IN CASE OF EMERGENCY - CONTACT:**

Name	Relationship	Phone
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- 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
- Supplemental Life                       Beneficiary Designation 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 \_\_\_\_\_
- Terminate in Paycor (Termination Date is last day worked or end of teacher contract)      Date \_\_\_\_\_
- Humana Employee Change Form to Chancery      Date \_\_\_\_\_
- Notify AIM      Date \_\_\_\_\_
- Remove from STD worksheet      Date \_\_\_\_\_