

Employee Name (Full Name)		Employment Status		Annual Hours	
		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part time	<input type="checkbox"/> Other	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary Non-Exempt	<input type="checkbox"/> Salary Exempt	
Job Title		Prior Employment in Archdiocese			
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Annual Salary: _____	
Social Security No.	Date of Birth	Marital Status	Gender	Date of Hire	
-	-				
Address	City	State	Zip	County	
Home Phone Number	Cell Phone Number	Personal E-mail			

IN CASE OF EMERGENCY - CONTACT:

Name	Relationship	Phone
Name	Relationship	Phone

<input type="checkbox"/> Application/Resume	<input type="checkbox"/> Position Description	<input type="checkbox"/> Contract/Agreement/Offer Letter
<input type="checkbox"/> W-4		
<input type="checkbox"/> K-4 or I-4		
<input type="checkbox"/> I-9		
<input type="checkbox"/> Payroll ACH Authorization		
<input type="checkbox"/> Personnel Policy Manual signed Acknowledgement of Receipt		
<input type="checkbox"/> Criminal Records Check	Date: _____	<input type="checkbox"/> Credit check (if applicable)
<input type="checkbox"/> Safe Environment	Date: _____	
<input type="checkbox"/> 401K	Eligibility Date: _____	<input type="checkbox"/> Beneficiary Designation Form
		<input type="checkbox"/> Paycheck Contribution election form
<input type="checkbox"/> Bernie Portal Benefit Enrollment Form	Eligibility Date: _____	
<input type="checkbox"/> Reliance Standard Supplemental Life enrollment form		<input type="checkbox"/> Beneficiary Designation Form

TERMINATION RECORD

Last Day Worked	Reason

*** Benefits end on the last day of the month***

<input type="checkbox"/> Provide Employee Benefits for Terminating Employee information	Date: _____
<input type="checkbox"/> Notification of Termination form to Human Resources	Date: _____
<input type="checkbox"/> Terminate in Paycor (Termination date is last day worked or end of teacher contract)	Date: _____
<input type="checkbox"/> Terminate in Bernie Portal (Termination date is last day worked or end of teacher contract)	Date: _____
<input type="checkbox"/> Notify AIM (if applicable)	Date: _____
<input type="checkbox"/> Remove from STD worksheet (if applicable)	Date: _____
<input type="checkbox"/> Remove from Supplemental Life bill (if applicable)	Date: _____