

| | | | | | |
|---------------------------|-------------------|------------------------------------|--|--|--|
| 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 | | Annual Salary: | |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | |
| 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 |
| | | |

- Application/Resume
 Position Description
 Contract/Agreement/Offer Letter
- W-4
- K-4 or I-4
- I-9
- Payroll ACH Authorization
- Employee Policy Manual signed Acknowledgement of Receipt
- Criminal Records Check Date: _____
 Credit check (if applicable)
- Safe Environment Date: _____
- 401K Eligibility Date: _____
 Beneficiary Designation Form
- Bernie Portal Benefit Enrollment Form Eligibility Date: _____
 Paycheck Contribution election form
- Bernie Portal Benefit Enrollment Form Eligibility Date: _____
 Notify Human Resources

TERMINATION RECORD

| | |
|-----------------|--------|
| Last Day Worked | Reason |
| | |

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

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