

NEW HIRE NOTICE FORM



ROMAN CATHOLIC DIOCESE

School/Parish Location

Benefit Manager Name

Benefit Manager Phone

Employee Name

SSN#

Employee First Day of Work

Benefit Effective Date

Regular Scheduled Hours/Week:

Up to 20

20 up to 27

28 and over

Temporary

Home Address

City

State

Zip

Email Address
Work/Home

Home Phone #

Single

Married

Cell Phone #

Marital Status

Gender

Male

Female

Date of Birth

Family Members

Name

Date of Birth

SSN#

Spouse

Children

Other

Occupation

First Pay Date

Salary

Salary Mode (Hourly/Monthly/Annually)

Number of Payrolls Per Year?

If hourly, how many hours worked per week?

Signature of Individual Preparing Form

Date