

PERSONNEL TRANSACTION: EMPLOYMENT

EMPLOYER* Circle One: Parish, School or Agency	ADP COMPANY CODE:	
	SITE:	CITY:
EMPLOYEE INFORMATION*	DEPT. NO.:	
	LAST:	FIRST:
	M. I.:	
	BIRTHDATE:	GENDER: MARITAL STATUS: EDUCATION LEVEL:
PERSONAL EMAIL ADDRESS (REQUIRED):		
SOC SEC NO*	PHONE NUMBER(S)*	HOME: () CELL: ()
HOME ADDRESS CITY, STATE, ZIP CODE*		
DATES*	ORIGINAL HIRE DATE:	CURRENT/ REHIRE DATE: SENIORITY DATE:
CURRENT/PREVIOUS DIOCESAN EMPLOYMENT: <input type="checkbox"/> NO <input type="checkbox"/> YES		
LOCATION:		
CREDITED SICK HOURS IF APPLICABLE:		
POSITION* (Information regarding the employee)	DIRECT SUPERVISOR OF EMPLOYEE:	
TITLE OF EMPLOYEE:		
IS THIS A SUPERVISORY POSTION: <input type="checkbox"/> NO <input type="checkbox"/> YES – IF YES, EMAIL ADDRESS REQUIRED		
WORK EMAIL ADDRESS:		
CLASSIFICATION*	<input type="checkbox"/> REGULAR FULL-TIME <input type="checkbox"/> REGULAR PART-TIME (<i>REGULARLY SCHEDULED TO WORK 20 HOURS/WEEK</i>) <input type="checkbox"/> OCCASIONAL PART-TIME (<i>LESS THAN 20 HOURS/WEEK</i>) <input type="checkbox"/> CONTRACTED DIOCESAN EMPLOYEE (<i>TEACHER, PRINCIPAL, EXTENSION DIRECTOR</i>) <input type="checkbox"/> TEMPORARY (<i>NOT ELIGIBLE FOR PAID LEAVE, HEALTH, LIFE, OR PENSION BENEFITS</i>) (<i>NOT TO EXCEED 180 DAYS</i>)	
FLSA CODE*	<input type="checkbox"/> NON-EXEMPT (ELIGIBLE FOR OVERTIME COMPENSATION) <input type="checkbox"/> EXEMPT (FROM OVERTIME COMPENSATION REQUIREMENTS)	
WORK SCHEDULE*	<input type="checkbox"/> FULL-TIME: _____ HOURS / WEEK <input type="checkbox"/> PART-TIME: _____ HOURS / WEEK <input type="checkbox"/> REGULAR STANDARD WORK WEEK _____	
RATE OF PAY*	\$ _____ PER HOUR	\$ _____ PER PAY PERIOD
PAY FREQUENCY: SEMI MONTHLY		

* Please initial that you have entered all of the above provided information regarding the employee into ADP. _____

Pastor / Principal / Supervisor

Date

ORIGINAL TO: EMPLOYEE PERSONNEL FILE

COPY TO: HUMAN RESOURCES / LAY PERSONNEL
2110 BROADWAY
SACRAMENTO, CA 95818-2541
Fax (916) 733-0238