## **NEW HIRE NOTICE FORM**



## **ROMAN CATHOLIC DIOCESE**

	School/Parish Lo Benefit Manager Benefit Manager	Name		
Employee Name				
SSN#	Date Hire		Benefit Effective Date	
Regular Scheduled Hours/Weel	k: Up to 20	20 up to 27	28 and over	Temporary
Home Address				
City		State	Zip	
Email Address Work / Home				
Home Phone #			Marital Status	Single Married
Gender Male	Female	Date of Birth		
Spouse Children	Name	Date of Bi	irth	SSN#
Other				
Occupation			1st Pay Date	
Salary \$		Salary Mode (Hourl	y/Monthly/Annually)	
Number of payrolls per year?		If hourly, how many	hours per week?	

Signature of Individual Preparing Form

Date