



**Section 1 – To be completed by Department / Parish (Church) / School**

Last Name, First, Middle Initial \_\_\_\_\_ Employee Number \_\_\_\_\_ Position Title \_\_\_\_\_  
 Status: Full Time \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Benefits Eligible \_\_\_\_\_  
 Part Time \_\_\_\_\_ Non-Benefits Eligible \_\_\_\_\_  
 Temporary \_\_\_\_\_  
 Seasonal \_\_\_\_\_  
 Intern \_\_\_\_\_ Length of Assignment \_\_\_\_\_  
 Hire Date \_\_\_\_\_ Re-Hire Date \_\_\_\_\_ Exempt \_\_\_\_\_ Non-Exempt \_\_\_\_\_  
 Pay: Annual Salary \_\_\_\_\_ (Full Time Exempt) Hourly Rate \_\_\_\_\_ (Non-Exempt & Part Time Exempt)  
 Department / Parish (Church) / School Name \_\_\_\_\_ Accounting Unit Name \_\_\_\_\_  
 Number \_\_\_\_\_ Number \_\_\_\_\_  
 Work Location \_\_\_\_\_ Work Phone \_\_\_\_\_

**Section 2 – To be completed by Department / Parish (Church) / School for Transferring Employees**

Transfer to Pastoral Center Date \_\_\_\_\_ Transfer from Dept. / Parish (Church) / School No. \_\_\_\_\_  
 Transfer of Accrued and Unused: Vacation Days \_\_\_\_\_ Sick Days \_\_\_\_\_

**Section 3 – To be completed for Religious Employees**

Monthly Health Premium Reimbursement: \_\_\_\_\_  
 Annual Pension Allocation \$ \_\_\_\_\_ Semi-Annual Social Security Allocation \_\_\_\_\_  
 Pension and Social Security Allocations Addressee and Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 4 – Required Signatures** **Note: Electronic Signatures Valid**

Hiring Manager Name \_\_\_\_\_ Next Level Hiring Manager Name \_\_\_\_\_  
 Hiring Manager Signature \_\_\_\_\_ Date \_\_\_\_\_ Next Level Hiring Manager Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Human Resources Representative Name \_\_\_\_\_  
 \_\_\_\_\_  
 Human Resources Representative Signature \_\_\_\_\_ Date \_\_\_\_\_