

Employee Information Sheet			
Employee's Legal Name (first, middle, last)		Employee's Preferred Name or Nickname	Social Security Number
<input type="checkbox"/> Chancery <input type="checkbox"/> Parish <input type="checkbox"/> School <input type="checkbox"/> ECC <input type="checkbox"/> Cemeteries Location: _____		Job Classification Old Title: _____ Class/Level _____ New Title: _____ Class/Level _____ Manager: _____ Hrs Worked Weekly _____ # of Months _____ Annual Hrs (mos x weekly hrs x 4.33) _____ Effective Date _____ Default Hours _____ Currently Employed at Second Diocesan Location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Location Name _____ TEACHER: Highest Degree _____	
New Hire/Rehire Employee Status: <input type="checkbox"/> New Hire (Date of Hire _____) <input type="checkbox"/> Rehire (Year Last Worked _____) Employee Classification: <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt			
Personal Street: _____ City, State, Zip: _____ County: _____ Telephone: _____ Secondary Telephone: _____ Email Address: _____ Emergency Contact Name: _____ Emergency Contact Telephone: (H) _____ (W) _____		Birth Date: _____ Primary Race: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian Additional Race(s) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Vietnam Era Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary Current Annual/Hourly Salary: _____ New Annual/Hourly Salary: _____ Reason for Increase/Decrease: <input type="checkbox"/> Performance <input type="checkbox"/> Promotion <input type="checkbox"/> Other (Explain) _____ Increase Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No Increase/Decrease Amount: \$ _____		Effective Date: _____ Increase/Decrease Percentages: _____	
Transfer Previous: _____ New: _____		Effective Date: _____ ____/____/____	Reason for Change: _____
Leave of Absence <input type="checkbox"/> Date Last Worked or <input type="checkbox"/> Date Returned to Work: _____ <input type="checkbox"/> Medical <input type="checkbox"/> Family Medical Leave <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Military <input type="checkbox"/> Personal <input type="checkbox"/> Temporary Lay Off			
Separation <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Attach all supporting documentation) Special Instructions _____		<input type="checkbox"/> Last Day Worked: _____ <input type="checkbox"/> Term Date: _____ <input type="checkbox"/> Term Code: _____	
Approval <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Immediate Supervisor</div> <div>_____ Date</div> <div>_____ Next Level Manager</div> <div>_____ Date</div> <div>_____ Human Resources</div> <div>_____ Date</div> </div>			

Retain a copy for your records.