

PERSONNEL TRANSACTION: EMPLOYMENT

EMPLOYER* Circle One: Parish, School or Agency	SITE: _____ CITY: _____		ADP COMPANY CODE: BCC/FACILITY CODE: DEPT. NO.:
EMPLOYEE INFORMATION*	LAST: _____	FIRST: _____	M. I.: _____
	BIRTHDATE: _____	EDUCATION LEVEL: _____	GENDER: _____ MARITAL STATUS: _____
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		
	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