

EMPLOYEE DATA FORM

School Name: \_\_\_\_\_ Location Code: \_\_\_\_\_

PERSONAL INFORMATION:

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex: Male Female  
Marital Status: Married Single

Spouse's Birth Date: \_\_\_\_\_

Contact Information:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

PAY INFORMATION:

Start Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Pay Type: Hourly Salary Contract Priest

Pay Frequency: Monthly

Rate of Pay: Hourly \$ \_\_\_\_\_ Salary \$ \_\_\_\_\_ Contract \$ \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_

Position Title: \_\_\_\_\_

\*\* Employee must work 20 hours or more per week in order to qualify for pension benefits and 403(b).

\*\* Employee must work 30 hours or more per week in order to qualify for health insurance (via website)/LTD.

\*\*\* 403(b) deduction of 3% automatically deducted UNLESS declined through website.

PAYROLL INFORMATION:

Please indicate all benefits or deductions employee is electing at this time:

Qualify for Pension Y N Medical Insurance Y N  
403-B \*\*\* Mass Mutual will send mat'l. Dependent Insurance Y N  
Direct Deposit Y N 125-Cafeteria Plan Y N

Employee Signature: (Applicable to School Employees Only)

I authorize the Roman Catholic Diocese of Boise to conduct a background check if I fail to clear the State Department of Education's FBI Background Check within the first 30 Days of employment from my official start date.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

PASTOR/ADMINISTRATOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_