

Position and Employment Information forms

25 Appendix E-Position Information Form

25.5 Employment Information

Position Information Form

Name of Employee: _____

Title of the Position: _____ Date Hired: _____

Check one for Compensation Status:

- *Exempt *See New Federal Rules as of January 1 , 2020
- Non –exempt

Check on for job hour status: Straight time **OR** Flexible hours

- Regular Full-time Hours: _____
- Regular Part-time "A" Hours: _____
- Regular Part-time "B" Hours: _____
- Independent Contractor Hours: _____

What is the salary Classification: _____

Starting Wage: _____ Pay Cycle: _____

#####

Benefits Eligibility For Full Time Employees:

- Health and Life Insurance
- Life Insurance Only
- Dental
- Pension
- Paid Vacation Number _____
- Sick Days Number _____
- Personal Days Number _____

Date of **USED** Sick Days in year 2019 -2020: _____

BANKED Sick Days from year 2018: 2019: _____

EMPLOYMENT INFORMATION FORM:

Name of Employee: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Birth Date: _____

Marital Status: Single____ Div. ____ Married ____ Widowed ____

Name of Spouse: _____ Number of Dependents: _____

Employee Telephone: _____



1. IN AN EMERGENCY NOTIFY: _____

LAST NAME FIRST NAME

Home Phone: _____ Work Phone: _____

Relationship: _____

2. IN EMERGENCY NOTIFY: _____

LAST NAME FIRST NAME

Home Phone: _____ Work Phone: _____

Relationship: _____

NAME OF PHYSICIAN: _____

PHONE NUMBER: _____

LIST ANY PERTINENT HEALTH INFORMATION: _____

Signature: _____ Date: _____

Please Complete Back of this page

PLEASE LIST ANY SPECIAL TRAINING OF CERTIFICATION:

EDUCATION

- Elementary
- High School
- College
- Graduate

DATE OF EMPLOYMENT WITH THE DIOCESE OF GARY: _____

LOCATION: _____ POSITION: _____

DATE OF EMPLOYMENT WITH SAINT PAUL CATHOLIC CHURCH: _____



BENEFITS ACCEPTED

- HEALTH AND LIFE INSURANCE
- VOLUNTARY DENTAL
- VOLUNTARY EYE
- PENSION