

**DIOCESE OF RALEIGH
CENTRALIZED PAYROLL**

NEW HIRE / EXISTING EMPLOYEE CHANGE DATA SHEET

NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

LOCATION (Parish/School): _____ POSITION/DEPT. _____

SOCIAL SECURITY NUMBER: _____ GENDER: _____ MARITAL STATUS: _____

ADDRESS: _____

DATE OF HIRE: _____ BIRTH DATE: _____ TERMINATION DATE: _____ EFFECTIVE DATE: _____

RATE INFORMATION (PER BIWEEKLY PAY PERIOD): **INDICATE HOURLY OR SALARIED

If Hourly:

Rate: \$ _____ /PER HOUR (CAN BE SET UP FOR YOU TO REPORT HOURS EACH PAY PERIOD, OR THEY CAN BE SET UP AS STANDARD HOURS-AND WILL BE PAID AUTOMATICALLY UNLESS OTHERWISE SPECIFIED FOR ANY GIVEN PAY PERIOD)

*PLEASE INDICATE (CIRCLE YES OR NO) **Employee can be either "Timesheet hourly" or "Standard hourly"
TIMESHEET: YES OR NO (HOURS MUST BE REPORTED TO PAYROLL EVERY PAY PERIOD)

STANDARD HOURS: YES OR NO (IF STANDARD, PLEASE INDICATE THE NUMBER IN THE BLANK TO BE PAID PER PAY PERIOD AT THE ABOVE NOTED RATE) **Unless otherwise notified, employee will be paid this number of hours EACH PAY PERIOD**
_____/PER PAY

If Salaried:

Rate: \$ _____ /PER PAY PERIOD (SALARIED) Hours Worked _____ PER PAY PERIOD (BIWEEKLY)

**** HOURS MUST BE INDICATED IF SALARIED! THIS IS VERY IMPORTANT FOR PENSION TRACKING!! ** Also please remember that NON-EXEMPT salaried employees must keep a time sheet for overtime**

EMPLOYEE STATUS (CIRCLE ONE): PART TIME FULL TIME TEMPORARY

INSURANCE: (IF ELIGIBLE, PLEASE INDICATE TYPE EMPLOYEE ELECTS TO TAKE)

PERSONAL MED _____	CHILDREN MED _____
PERSONAL DENTAL _____	CHILDREN DENTAL _____
SPOUSE MED _____	FAMILY MED _____
SPOUSE DENTAL _____	FAMILY DENTAL _____
FLEX MED _____	FLEX DEP. CARE _____

The following forms must also be completed & submitted with this data sheet if you are sending in a new hire before anyone can be added to payroll:

- BACKGROUND CHECK APPROVAL FORM
- TAX FORMS, W4 & NC4 (IF CURRENT TAX YEAR IS NEEDED, PLEASE ADVISE)
- DIRECT DEPOSIT (IF EMPLOYEE ELECTS TO PARTICIPATE)
- 19 FORM (BE SURE TO CHECK INSTRUCTIONS FOR SPECIFIC LISTS OF DOCUMENTS THAT ARE OKAY TO USE!! (AND OKAY COMBINATIONS OF!!)

*Note: if employees are claiming exempt from withholding within a tax year, they must complete new tax forms for EACH YEAR if they continue to claim exempt!

Approval Signature _____ Date: _____