PERS	ONNEL	STATUS	KLFOKI	
Form must be completed within $\underline{\sf TEN}$ DAYS OF HIRE or $\underline{\sf TERMINATION}$ and submitted to the Diocesan School Office.				
NEW HIRE START	DATE			
NAME				
ADDRESS				
PHONE #	ONE # SOCIAL SECURITY #			
BIRTHDATE RELIGION				
SCHOOL				
POSITION				
		PART-TIME (LIST HR	PART-TIME (LIST HRS/WK)	
FTE				
	RATE:	HOURLY	SALALRY	
SALARY/HOURLY F	RATE:	HOURLY D PLEASE COMPLETE THE F	ananananananananananananananananananan	
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SALARY/HOURLY FIFTHAS ABOVE NAME	RATE:EMPLOYEE IS HIRE D PREVIOUSLY BEE YES	D PLEASE COMPLETE THE F	OLLOWING: ESE OF SPOKANE N?	
SALARY/HOURLY FIFTHAS ABOVE NAME NO PLEASE CHECK AL	RATE:EMPLOYEE IS HIRE D PREVIOUSLY BEE YES	D PLEASE COMPLETE THE F EN EMPLOYED BY THE DIOCE IF YES, WHE	OLLOWING: ESE OF SPOKANE N?	
SALARY/HOURLY FINANCE NO PLEASE CHECK ALL Medical I	RATE: EMPLOYEE IS HIRE ID PREVIOUSLY BEE YES LL BENEFITS THAT T	D PLEASE COMPLETE THE F EN EMPLOYED BY THE DIOCE IF YES, WHE THE SCHOOL PROVIDES FOR	OLLOWING: SE OF SPOKANE N? ABOVE NAMED: Dental Insurance	
SALARY/HOURLY F IF HAS ABOVE NAME NO PLEASE CHECK AL Medical I	EMPLOYEE IS HIRE TO PREVIOUSLY BEE YES LL BENEFITS THAT THIS Insurance EE IS NO-LONGER E	D PLEASE COMPLETE THE F EN EMPLOYED BY THE DIOCE IF YES, WHE THE SCHOOL PROVIDES FOR Retirement	OLLOWING: SE OF SPOKANE N? ABOVE NAMED: Dental Insurance TE THE FOLLOWING:	
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