

P E R S O N N E L S T A T U S R E P O R T

Form must be completed within TEN DAYS OF HIRE or TERMINATION and submitted to the Diocesan School Office.

NEW HIRE START DATE _____

NAME _____

ADDRESS _____

PHONE # _____ SOCIAL SECURITY # _____

BIRTHDATE _____ RELIGION _____

SCHOOL _____

POSITION _____

FULL-TIME (LIST HRS/WK) _____ PART-TIME (LIST HRS/WK) _____

FTE _____

SALARY/HOURLY RATE: _____ HOURLY SALALRY

IF EMPLOYEE IS HIRED PLEASE COMPLETE THE FOLLOWING:

HAS ABOVE NAMED PREVIOUSLY BEEN EMPLOYED BY THE DIOCESE OF SPOKANE

NO YES IF YES, WHEN? _____

PLEASE CHECK ALL BENEFITS THAT THE SCHOOL PROVIDES FOR ABOVE NAMED:

Medical Insurance Retirement Dental Insurance

IF EMPLOYEE IS NO-LONGER EMPLOYED PLEASE COMPLETE THE FOLLOWING:

NO LONGER EMPLOYED EFFECTIVE _____ (DATE)

REASON _____

NAME OF PERSON COMPLETING THIS FORM: _____

KEEP A COPY FOR YOUR RECORDS