



Diocese of Raleigh New Hire Data Sheet

This form is to be used when adding an employee to payroll. Required fields are indicated with an asterisk (*). Incomplete data and form submittal will delay payroll entry.

Mr./Mrs./Ms. Last Name	First Name	MI	Gender *	Birth Date*
			Male	
Social Security Number*	Address*	City*	Female	Zip*
				NC
Home Phone or Mobile Number*	Emergency Contact Name*			Emergency Contact Phone Number*
Personal Email Address	Parish or School Email Address			

Location Name (Parish/School)*	Location 3-digit RL#*	First Date Worked*	First Pay Date*
Title/Position*	Department #	Supervisor Name (for Time and Attendance System)*	

Rate Information*: Exemption status is based on Fair Labor Standards Act duties and earnings tests. Contact HR for classification assistance.

Salary	Exempt	Bi-weekly Salary:	Expected hours worked weekly
Hourly	Non-Exempt	Hourly Rate:	Expected hours worked weekly

Select one of the following classifications based on the employee's regular **weekly** schedule:

Regular Full-Time (30+hours)	Regular Part Time (20-29 hours)	Part Time (<20 hours)	Temporary (project based)
Employee elected Healthcare Benefits (if Regular Full Time):		Regular-Full Time and Regular Part-Time employees (see above) are eligible for participation in the 403(b) program. This includes:	
Employee only Medical	Employee only Dental	<ul style="list-style-type: none">• core employer contribution at a rate of 4%• auto-enrollment in employee contribution at a rate of 5% (after approximately 3 pay periods)• 50% match of employee contribution up to 5%• to decline 403(b) participation, employee must contact Lincoln Financial Group directly	
Employee and Spouse Medical	Employee and Spouse Dental		
Employee and Children Medical	Employee and Children Dental		
Employee and Family Medical	Employee and Family Dental		
Employee Declines Medical	Employee Declines Dental		

I-9 Compliance Case # (Employee must be E-verified within first 3 days of work) Date of background check **clearance**:

Remember to attach signed Tax Forms W4 & NC4, and Direct Deposit with voided check or bank document.

Location Authorized Signature*

Date*

Diocese Human Resources Signature (after processing)

Date processed

To ensure accurate processing, please return this form to the Diocesan HR Department as soon as possible via secure fax2mail to (866) 955-8172. For questions, please call (919) 821-9727.