

INSURANCE/EMPLOYEE BENEFITS/PAYROLL

NEW HIRE FORM

*******THIS FORM MUST BE FILLED OUT FOR PAYROLL AND BENEFITS TO BE PROCESSED*****
Failure to complete all necessary information will delay processing.**

- 1. Employee Name _____
- 2. Social Security Number _____
- 3. Date of Birth _____ Gender _____ Marital Status _____
- 4. Home address _____
- 5. Employee Telephone # _____ Employee email _____

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- 6. Employer Name _____ Location # _____ Phone # _____
 - 7. Dept.(Cost Center.) _____ Job title(Position): _____
 - 8. Paycor Client ID (from Payroll Journal) _____
 - 9. Previously employed within Diocese? No Yes Where _____ When _____
 - 10. New Hire Effective Date _____
 - 11. Annual salary _____, Per Pay _____ or Hourly Rate _____
 - 12. Annual hours _____ Hours/week _____ Weeks/year _____
 - 13. Medical coverage: Union-Tenured Union-Non Tenured Handbook Employee only Full coverage VESI Ineligible
 - 14. Dental coverage: Employer paid Employee paid Ineligible
 - 15. Vision coverage: Employer paid Employee paid Ineligible

Employer Signature _____ **Date** _____

This form to be filled out and signed by the EMPLOYER
Fax completed form to (412)456-3050 or Email to benefits@diopitt.org

-----**FOR INSURANCE/PAYROLL USE ONLY**-----

PAYROLL

EMPLOYEE #: _____

PSD Code: _____ % _____

Signature: _____

Date: _____

BENEFITS

Packet _____ Paycor _____

eBenefits _____ File _____

The Standard _____ J.E. _____

Signature: _____ Date: _____

FINANCE: Paycor department code as determined by Paycor Base Department Number New Hire/Change Form:

_____ - Financial Services reviewer: _____