

**NEW EMPLOYEE: PAYROLL DATA AND APPROVAL FORM  
CONFIDENTIAL INFORMATION**

Employee Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
(Last) (First) (Middle Name)

Ministry / Office \_\_\_\_\_ Date of Hire \_\_\_\_\_

Title \_\_\_\_\_

Starting Pay Rate: Annual \_\_\_\_\_ ÷ 12 = Monthly \_\_\_\_\_  
Or  
Hourly \_\_\_\_\_

Employment Status (As regularly scheduled)

\_\_\_\_\_ Regularly Scheduled Parish Office hours or equivalent  
(Eligible for benefits)

\_\_\_\_\_ Regularly scheduled greater than 30 hours per week average, less than above. Approximate Hours  
(Eligible for benefits)

\_\_\_\_\_ Scheduled less than 30 hours per week average. \* Approximate Hours \_\_\_\_\_  
(Not Eligible for benefits)

\_\_\_\_\_ Permanent (An ongoing position)

\_\_\_\_\_ Temporary (Irregularly scheduled or for a specific time)

Transferred from another employer of the Archdiocese of Kansas City in KS \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Employer \_\_\_\_\_ Supervisor: \_\_\_\_\_

Special Considerations or exceptions to normal employment conditions:

\_\_\_\_\_  
\_\_\_\_\_  
Acknowledgment by Employee \_\_\_\_\_  
(Signature) (Date)

Recommended by Supervisor \_\_\_\_\_  
(Signature) (Date)

Pastor Information and Approval \_\_\_\_\_  
(Signature) (Date)

Orientation Completion Date:

\_\_\_\_\_ Payroll / Accounting

\_\_\_\_\_ Employee Benefits

**\*This form should be handled confidentially and solely for above purposes and payroll use.**