

DIOCESE OF SHREVEPORT
NEW EMPLOYEE NOTIFICATION

CURRENT DATE: _____

TO: Peggy Ray, Benefits Manager

FROM: _____

DATE OF HIRE: _____ LOCATION: _____

POSITION: _____

EMPLOYEE NAME _____ HOME PHONE# _____

CELL PHONE# _____

ADDRESS _____

Email Work _____ Email Personal _____

SSN: _____ DATE OF BIRTH: _____

Please Provide Copy of Social Security Card

GENDER: _____ SALARY/WAGE: _____

HOURS SCHEDULED PER WEEK: _____ MARITAL STATUS: M S D W (Circle One)

PRIOR SERVICE WITHIN THE DIOCESE OF SHREVEPORT? (Give Location & Dates)

THIS FORM MUST BE SUBMITTED WITHIN 14 DAYS OF HIRE