

DIOCESE OF SHREVEPORT  
NEW EMPLOYEE NOTIFICATION

CURRENT DATE: \_\_\_\_\_

TO: Peggy Ray, Benefits Manager

FROM: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

Email \_\_\_\_\_

SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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**