

DIOCESE OF SHREVEPORT

NEW EMPLOYEE NOTIFICATION

DATE:

TO: Peggy Ray, Benefits Manager

FROM:

Effective _____

Dept/Parish/School _____ Position _____

Prior service within Diocese of Shreveport? (give location & dates)

Name _____

Address _____

SSN _____ Date of Birth _____

Gender _____ Salary/Wage _____ Hours worked per week _____

Marital Status: M S D W (Circle One)

Eligibility for employer retirement contributions met? _____

% level _____ Annual leave earning rate _____

All employees are eligible for voluntary participation in the diocesan retirement plan and workers' compensation insurance. Those who work 20 hours a week or more are eligible for additional benefits. Employers should obtain information on these programs from the Office of Human Resources and/or Benefits Manager.

THIS FORM MUST BE SUBMITTED WITHIN 14 DAYS OF HIRE