Employee Data Form

Catholic Charities
DIOCESE OF PALM BEACH

Type of Change:

____ New Hire	____ Change of Name
____ Re-Hire	____ Change of Address
____ Promotion	____ Merit Increase _____%
____ Demotion	____ General Increase
____ Separation	____ Transfer
____ FT	____ Permanent
____ PT	____ Temporary

GENERAL INFORMATION - Fill Out in All Cases

Today's Date: _____ **Email Address:** _____

Effective Date: _____ **Entity No.: 782**

Employee Name: _____
(Last) (First) (M.I.)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: **Work Phone:**

Date of Birth: _____ **Soc.Sec.No.:** _____

JOB SPECIFICS - Fill in with Current Information In All Cases

Job Title: _____ **Program Name:** _____

No. Hrs. per week: _____

Hourly Salary: $ _____ **Annual Salary: $** _____

If TERMINATION, Reason: _____

_____

NEW INFORMATION - In cases of Promotion, Demotion, Change of Hours, Salary or Program

New Job Title: _____ **New Program Name:** _____

New # Hrs. per week: _____ **(This is an ____Increase / ____Decrease [check one] in hours)**

New Hourly Salary: $ _____ **New Annual Salary: $** _____

SEPARATION SPECIAL INSTRUCTIONS:

Final Pay Arrangements: Mail To: _____

_____

Vacation Pay Off: ____Yes ____No

APPROVAL SIGNATURES:

Program Administrator: _____ **Date:** _____
Division Director: _____ **Date:** _____
Executive Director/Associate Director: _____ **Date:** _____
Human Resources: _____ **Date:** _____

ROUTING:

Payroll Office Initial: Entered in ADP _____ **FL New Hire Form Sent** _____
Documents sent to Beneifts Office _____ **Fingerprint Card Sent** _____
Change of Status to FT - Benefits Packet Given to Employee _____

Direct all questions to the Human Resources Office at 561-775-9564. **HR New Hire Form 13**