EMPLOYEE INFORMATION FORM

EFFECTIVE DATE:

REASON FOR SUBMISSION (CHECK ALL THAT APPLY)

☐ New Employee ☐ New Position ☐ Pay/Status Change ☐ Position Change ☐ Personal Information Change ☐ Termination

PERSONAL INFORMATION
Complete all required (*) fields AND attach an Employee Detail Report. **New Hire Only** – *Complete all fields within this section.*

*Last Name:	*First Name:	Middle Name:	Social Security No:
Address:	City:	Zip:	*Phone No.:
Date of Birth:	*E-mail:		Cost Center:

PERSONAL INFORMATION CHANGE

☐ Name Change ☐ Address Change ☐ Phone Change ☐ E-mail Change

Last Name:	First Name:	E-mail:	
Address:	City:	Zip:	Phone No.:

PAYROLL
Check ALL activities that apply and describe below. If housing changes are made, please attach completed Housing Request Form.

☐ New Employee ☐ New Position ☐ Position Change ☐ Elder Approval ☐ Annual Adjustment

SALARIED	CURRENT	NEW	HOURLY	CURRENT	NEW
Per Pay Period Salary:			Hourly Rate:		
Per Pay Period Housing:			Hrs/Week:		
Per Pay Period Other:		Explanation:			
Lump Sum:		Explanation:			

POSITION

TITLE CHANGE	Current Title:		New Title:	
STATUS CHANGE	Current Status ☐ Salaried ☐ Hourly		New Status ☐ Salaried ☐ Hourly	
HOURS CHANGE	Current Status ☐ Full-time ☐ Part-time ☐ Temp	Hrs/Wk:	New Status ☐ Full-time ☐ Part-time ☐Temp	Hrs/Wk:
COST CENTER CHANGE	Current Cost Center:		New Cost Center:	

TERMINATION
A written notice of resignation that specifies an effective date must be attached to the Employee Information Form.

Last Day Worked:	Final Paycheck	☐ Hold	☐ Mail
Address:			

APPROVALS
*All approvals must be obtained **BEFORE AN OFFER OF EMPLOYMENT IS MADE.***

Ministry Director:

_____
Signature   Date

Church Administrator:

_____
Signature   Date

COMMENTS:

HR USE ONLY

☐ I-9	☐ COBRA	☐ Retirement	☐ ACS	☐ OAG	☐ Personnel Folder	☐ HIPPA	☐ Benefits	☐ Background