



**DIOCESE OF PENSACOLA-TALLAHASSEE  
NEW EMPLOYEE INFORMATION FORM  
(Must be completed by EMPLOYER and  
signed by Pastor, Administrator or Principal)**

**Employee Demographic Information**

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ ""F cvg"qh'Dk vj <

**Payroll Information (All information MUST be completed)**

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Date of Hire \_\_\_\_\_ Place of Employment \_\_\_\_\_ Site # \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Email Address \_\_\_\_\_

Employment Status - Full-time  Part-time  Hours Worked per Week - \_\_\_\_\_

Pay Cycle - Biweekly  Monthly  FLSA - Non-Exempt  Exempt

Pay Rate - Hourly at \$ \_\_\_\_\_/per hour **OR** Salaried at \$ \_\_\_\_\_/year

Additional Pay Rate - Hourly at \$ \_\_\_\_\_/per hour (if applicable)

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**For Supervisor/Administrator or Pastor:** By signing, I certify that this individual has completed a level 2 background check, required safe environment courses and a credit check if he/she will be working with money or using a Diocesan credit card and is eligible to be employed by the Diocese of Pensacola-Tallahassee.

Supervisors Name \_\_\_\_\_ Email Address \_\_\_\_\_

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Form must be submitted to HR with the following**

Employee Information Form

W-4

Properly Completed/Verified I-9 Form (with supporting documentation)

Direct Deposit Form (if applicable)

Benefit Enrollment Form (if benefit eligible)

Human Resources \_\_\_\_\_

Payroll \_\_\_\_\_