

Diocese of Beaumont
Logos Employee (Add/Change) Request Form

OFFICE USE ONLY Completed by: _____ Date: _____

Location Name & Number _____
 Add Change Other _____

Date: _____

Personal

Name: _____
 Address 1: _____
 Address 2: _____
 City, State Zip: _____

Phone #: () _____
 Birthday: / /
 Soc Sec #: - -

Change or Hire Date: / /
 Normal # Work Hrs/Wk: _____

- Exempt Full-time
 Non-Exempt Part-time

Salary Information

Res. State: _____
 Check Account #: _____
 Pay Period (Cycle): _____
 Avg Hours per Cycle: _____

Filing Status
 Single/Married/Head: _____
 Number of Exemptions: _____
 Self-Emp. (Clergy) W-2 _____

Direct Deposit
 Account Number: _____
 Account Type (Sav/DDA): _____
 Routing Number: _____

Earnings

Description	GL Number	Annual Salary	Rate (per hour/pay period)	Hours per Cycle	Hourly/Salary	Department	Workers Comp
Wage -							
Wage -							
Wage -							
Wage -							
Wage -							

Deductions Before Taxes

Deduction Type	GL Number	Percentage	Employer Match
Diocesan 401(K) Regular	2234-000-00	%	No
Diocesan 401(K) Makeup	2234-000-00	%	No

Taxes

Deduction Type	Amount
Extra Federal Withholding	\$

Deductions After Taxes

Deduction Type	GL Number	Flat/Limit	Amount	Deductions per Month	Maximum Amt	Employer Contribution
Diocesan Health Insurance	7240-000-00	N/A	\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	N/A	
Court Ordered Deduction	2236-000-00		\$	Always		N/A

Authorized Signature: _____