

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

FOR OFFICE USE ONLY: Completed by: _____ Date: _____
--

Location Name & Number _____

Date: _____

Add Change Other _____

Personal

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

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

Change or Hire Date: / / _____
 Part-Time/Full-Time: _____
 Exempt/Non-exempt: _____
 Normal # Work Hrs/Wk: _____

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

Category	GL Number	Annual Salary	Rate (per hour/ pay period)	Hours	Hourly/Salary	Department	Workers Comp
Wage							
Wage							
Wage							
Vacation							
Sick							

Deductions Before Taxes

Deductions Taxes

Deduction Type	GL Number	Deduct \$/%	Amount/Percent	Employer Contrib		Deduction Type	Deduct \$/%
Diocesan 401(K) Regular	2234-000-00	P		No			
Diocesan 401(K) Makeup	2234-000-00	P		No			

Deductions After Taxes

Deduction Type	GL Number	Flat/Limit	Deduct \$/%	Amount/Percent	Maximum Amt	Employer Contrib
Diocesan Health Insurance	7240-000-00		\$			
Court Ordered Deduction	2236-000-00		\$			

Authorized Signature: _____ (Pastor, Administrator, Principal) (7/05)

FOR OFFICE USE ONLY:
Completed by: _____
Date: _____

Diocese of Beaumont
Logos Employee (Delete) Request Form

Location Name & Number _____

Date: _____

Personal

Name: _____
*Address1: _____
City, State Zip: _____

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

Termination Date: / / _____
Retirement Date: / / _____
Reason for Termination: _____

Date of Last Payroll: _____

(unmark active box) **Annual Salary at termination date:** _____

**If terminating employee is moving please provide forwarding address and new phone #, otherwise provide current address and phone #*

Authorized Signature: _____ (Pastor, Administrator, Principal,) 7/05