



DIOCESE OF STOCKTON
LOCATION: _____
Personnel Transaction Sheet

EMPLOYEE NAME	LAST: _____ FIRST: _____ MI: _____
SOC. SEC. NO.	Date of Birth: _____ Home Ph: _____
HOME ADDRESS	CITY: _____ ZIP: _____
JOB TITLE:	OFFICE: _____
EMAIL ADDRESS:	_____
EFFECTIVE DATE:	_____
STATUS	<input type="checkbox"/> NEW HIRE Dept# _____ Project/Event _____ <input type="checkbox"/> Regular full-time _____ hours/week <input type="checkbox"/> Regular part-time _____ hours/week <input type="checkbox"/> Minimum part-time _____ hours/week <input type="checkbox"/> TEMPORARY <input type="checkbox"/> TRANSFER (from _____ to _____) <input type="checkbox"/> RETIRED <input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATION <input type="checkbox"/> OTHER _____
OVERTIME STATUS	<input type="checkbox"/> NON-EXEMPT (Eligible for overtime compensation) <input type="checkbox"/> EXEMPT (Not eligible for overtime)
RATE OF PAY	\$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Annually
HEALTH BENEFITS	<input type="checkbox"/> Yes <input type="checkbox"/> No Medical <input type="checkbox"/> Voluntary Life <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No Dental <input type="checkbox"/> No
DEPENDENT COVERAGE	<input type="checkbox"/> Yes <input type="checkbox"/> No Medical <input type="checkbox"/> Flexible Spending <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No Dental <input type="checkbox"/> No

Pastor/Principal/Director

Date

Dept Head/Supervisor

Date