



**DIOCESE OF STOCKTON**  
**LOCATION: \_\_\_\_\_**  
**Personnel Transaction Sheet**

<b>EMPLOYEE NAME</b>	LAST: _____ FIRST: _____ MI: _____
<b>SOC. SEC. NO.</b>	Date of Birth: _____ Home Ph: _____
<b>HOME ADDRESS</b>	CITY: _____ ZIP: _____
<b>JOB TITLE:</b>	OFFICE: _____
<b>EMAIL ADDRESS:</b>	_____
<b>EFFECTIVE DATE:</b>	_____
<b>STATUS</b>	<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 _____
<b>OVERTIME STATUS</b>	<input type="checkbox"/> NON-EXEMPT (Eligible for overtime compensation) <input type="checkbox"/> EXEMPT (Not eligible for overtime)
<b>RATE OF PAY</b>	\$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Annually
<b>HEALTH BENEFITS</b>	<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
<b>DEPENDENT COVERAGE</b>	<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