

Location Name and Number

- New Hire   
  Re-Hire   
  Multi-Location Employee   
  Transfer from: \_\_\_\_\_  
 Termination   
  Status Change (Enter info as necessary)   
  Transferring to: \_\_\_\_\_

**ENTER NEW HIRE INFORMATION BELOW**

<div style="border: 1px solid black; height: 20px; background-color: #ffe4c4;"></div> <p style="text-align: center; margin: 0;">New HIRE or CHANGE Date</p>	<div style="border: 1px solid black; padding: 2px; text-align: center; background-color: #ffffcc;"> <b>XXX-XX-</b> </div> <p style="text-align: center; margin: 0;">SS# Last Four</p>	<div style="border: 1px solid black; height: 25px; background-color: #ffffcc;"></div> <p style="text-align: center; margin: 0;">Name of Employee - <b>MUST MATCH SOCIAL SECURITY CARD</b></p>
<div style="border: 1px solid black; height: 25px; background-color: #ffe4c4;"></div> <p style="text-align: center; margin: 0;">Position Title</p>		<div style="border: 1px solid black; height: 25px; background-color: #ffe4c4;"></div> <p style="text-align: center; margin: 0;">Email Address <b>REQUIRED</b></p>
<div style="border: 1px solid black; padding: 2px; width: 50%;"> <p style="text-align: center; margin: 0;"># Pay Periods Per Year</p> </div>	<div style="border: 1px solid black; padding: 2px; width: 50%;"> <p style="text-align: center; margin: 0;">Approx. # Hours / Week</p> </div>	<div style="border: 1px solid black; height: 80px; background-color: #ffe4c4;"></div> <p style="text-align: center; margin: 0;">Additional Comments Below:</p>
<div style="border: 1px solid black; height: 20px; background-color: #ffe4c4;"></div> <p style="text-align: center; margin: 0;">Salary OR Hourly Amt</p>		

**ENTER STATUS CHANGE INFORMATION BELOW**

- |  |  |
|--|--|
| <input type="checkbox"/> FULL TIME to Part Time (hours & new salary needed)<br><input type="checkbox"/> Part Time to FULL TIME (hours & new salary)<br><input type="checkbox"/> MARITAL Status Change (specify in OTHER)<br><input type="checkbox"/> NAME Change (social security card required) | <p><b>ON LEAVE:</b>    <input type="checkbox"/> Paid    <input type="checkbox"/> Unpaid</p> <input type="checkbox"/> * LEAVE Start Date: _____<br><input type="checkbox"/> * LEAVE End Date: _____ |
|--|--|

**ENTER TERMINATION INFORMATION BELOW**

<div style="border: 1px solid black; padding: 2px; background-color: #e0f0ff;"> <p style="text-align: center; margin: 0;">_____ / _____</p> <p style="text-align: center; margin: 0;">TERM EFFECTIVE DATE / DATE OF <b>FINAL</b> PAYCHECK</p> </div>	<div style="border: 1px solid black; padding: 2px; background-color: #e0f0ff;"> <p style="text-align: center; margin: 0;">_____</p> <p style="text-align: center; margin: 0;">AMOUNT OF <b>FINAL</b> PAYCHECK</p> </div>
<input type="checkbox"/> TERMINATION - Layoff or Involuntary <input type="checkbox"/> DEATH (include date) _____	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT
<p><b>OTHER COMMENTS OR INFORMATION:</b></p>	<div style="border: 1px solid black; height: 40px; background-color: #ffffcc;"></div>

Please email this form to: [payroll-benefits@jacksondiocese.org](mailto:payroll-benefits@jacksondiocese.org)

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