

CATHOLIC DIOCESE OF ROCKFORD
Payroll Addition, Change, or Termination

Parish/Agency Name _____ Employee Addition → First Day Worked _____
 Parish/Agency Number _____ Employee Change → Pay Date Effective _____
 Employee Social Security No. _____ - _____ - _____ Employee Termination → Last Day Worked _____
 Employee File Number _____

Employee Name _____ Date of Birth _____
Last, First, Middle Initial (MUST agree with Social Security card)

Employee Address _____ Male Female

City, State, Zip + 4 _____ Full or Part-time

GENERAL LEDGER DISTRIBUTION:	Dept.	Account #	Per Cent	JOB TITLE
	_____	_____	_____	_____
	_____	_____	_____	

PAY & TAX INFORMATION:

Pay Type:	Pay Frequency:	Federal Withholding:	State Withholding:
** <input type="checkbox"/> Hourly @ \$_____ per hr.	Weekly <input type="checkbox"/>	Single <input type="checkbox"/>	Single <input type="checkbox"/>
** <input type="checkbox"/> Daily @ \$_____ per day	Bi-Weekly <input type="checkbox"/>	Married <input type="checkbox"/>	Married <input type="checkbox"/>
** <input type="checkbox"/> Salary @ \$_____ per pay	Semi-Monthly <input type="checkbox"/>	# of Exemptions _____	# of Exemptions _____
Salary is based on _____ hours per week*	Monthly <input type="checkbox"/>	Add'l Amount \$ _____	Add'l Amount \$ _____
			State Name _____ <small>(If other than Illinois)</small>

OPTIONAL:

Salary per year or contract year \$ _____, paid over _____ pay periods, based on _____ hours per week.*

DEDUCTIONS FROM PAY:

Description	Amount per pay	or	Per Cent	Limit	Pre-Tax	Authorization to hire obtained
_____	\$ _____		_____	\$ _____	<input type="checkbox"/>	from Bishop <input type="checkbox"/>
_____	\$ _____		_____	\$ _____	<input type="checkbox"/>	

*The hours worked per week are mandatory for salaried employees.

**All pay rate changes must be approved. → → →

** Approved By: _____