

**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 Termination  → Last Day Worked \_\_\_\_\_

Employee Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 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

<b>GENERAL LEDGER DISTRIBUTION:</b>	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"/> Salary @ \$_____ per pay	Bi-Weekly <input type="checkbox"/>	Married <input type="checkbox"/>	Married <input type="checkbox"/>
<input type="checkbox"/> Daily @ \$_____ per day	Semi-Monthly <input type="checkbox"/>	# of Exemptions _____	# of Exemptions _____
	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.

**DEDUCTIONS FROM PAY:**

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