

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

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

PAY & TAX INFORMATION:

Pay Type: Hourly \$_____ per hour/day Weekly Federal & State Withholding: **Please Submit W-4 Forms**
 per day rate based on _____ hours* Bi-Weekly State Name _____ (If other than Illinois)
****** Salary \$_____ per pay Semi-Monthly Other Locations Working/Worked in the Diocese:
 based on _____ hours per week* Monthly _____

Annual 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:** _____