

DIOCESE OF FORT WAYNE-SOUTH BEND
1103 S. CALHOUN ST.
P.O. BOX 390
FORT WAYNE, IN 46801
(260 422-4611
FAX (260) 423-3382

PERSONNEL RECORD SHEET

HIRE DATE _____

TERMINATION DATE _____

EFFECTIVE DATE _____

JOB TITLE _____

*NEW EMPLOYEE *CURRENT EMPLOYEE

STATUS: FULL-TIME PART TIME

*LOCATION/NUMBER _____

SALARY: HOURLY NOT H/S

*SOCIAL SECURITY # _____

*EMPLOYEE # _____

*FULL NAME _____

*ACCOUNT # _____

ADDRESS _____

SALARY PER PAY \$ _____

CITY/STATE _____

HOURLY PAY \$ _____

COUNTY _____

ADDITIONAL DEPARTMENTS		
EMPLOYEE #	ACCOUNT#	PAY PER HOUR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ZIP _____

HOME PHONE _____

SEX: MALE FEMALE

BIRTH DATE _____

*CHANGES FOR CURRENT EMPLOYEES: FILL IN ASTERISK LINES AND NEW INFORMATION

AUTHORIZED SIGNATURE _____

DATE _____

PLEASE SEND ALL H&A, DENTAL, EYE AND LIFE INSURANCE PAPERWORK
TO CATHY BRACHT AT ADDRESS ABOVE.