

**New Hire Data Sheet** 

## **Catholic Charities of the Diocese of Raleigh**

## This form is to be used whenever adding an individual to payroll. Required fields are indicated with an asterisk (\*). If required fields are not completed the new hire cannot be processed through payroll.

Name (Last, First, Middle Initial)*		Gender * Birth Date* Male
Social Security Number*	Address*	Female City* Zip*
Location	Loca	tion Payroll # (RL#)* Date of Hire*
Title*	Department #	Percent to each Department
Please select one of the following classifications based on a the employees regular schedule*:Regular Full-Time (30hrs+)Regular Part-Time (29-20hrs)Part-Time (Less than 20hrs)Temporary		
Exempt/Non-Exempt* Salary/I Exempt Sala Non-Exempt Hou		Salary Biweekly/Rate per hour*
Employee only Medical Employee only Dental Employee and Spouse Medical Employee and Spouse Dental I-9 Compliance Case # (Employee	Employee and Children Medical Employee and Children Dental Employee and Family Medical Employee and Family Dental cannot be entered into payroll without	a completed I-9)
Please remember to attach: Tax Forms W4 & NC4, and direct deposit form.		

Manager's Signature\*

Date\*

Executive Director Signature\*