**This form must be completed at the beginning of each fiscal year and kept at the school together with other personnel records. Please send a copy of the completed form to the Department of Catholic Schools only when requested. For informational purposes only; this is not a contract of employment.**

**Employee First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Hired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Schedule: [ ]  [ ]** **[ ]  Full Time [ ] [ ]** **[ ]  Part Time**

**Compensation\*\***

 **Salary Amount Per Pay Period (Semi-monthly or Bi-weekly ): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Compensation must meet the minimum threshold for an exempt employee which is no less than 2x minimum wage in your local jurisdiction**

**Requirements Required**

 **Proof of freedom from T.B. submitted** **[ ] [ ] [ ] yes** **[ ] [ ] [ ] no**

 **Safe Environment Training current** **[ ] [ ] [ ] yes [ ] [ ]** **[ ] no**

**Eligible for Insurance Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Medical, Dental and Vision** **[ ] [ ]  [ ] yes** **[ ] [ ]  [ ] no**

 **Voluntary Short and Long Term Disability [ ]** **[ ] yes** **[ ] [ ]  [ ] no**

 **Voluntary Life/Accidental Death/Dismemberment** **[ ] [ ]  [ ] yes** **[ ] [ ]  [ ] no**

**Note that the School is exempt from and does not participate in State and Federal unemployment insurance and State disability insurance programs.**

**By my signature I acknowledge that this Form has been given to me for informational purposes only. I understand and agree that it is not and cannot be interpreted to be a contract of employment by the School.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal (or President) Signature Date**

**Attachments: [ ]** **[ ]** **[ ] Job Description(s)** **[ ]  [ ]** **[ ] School Work Calendar** **[ ]  [ ]** **[ ] Benefit Guide** **[ ] [ ]** **[ ] Work Schedule**

**Original: Personnel File**

**Copy: Employee**