**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**