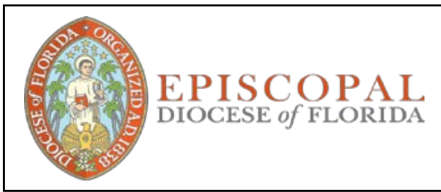

Employee Roster Information Request

Institution Name________________________________ Date ___________________________

Personal Information

First Name	MI	Last Name		
Address		City	State	Zip
Home Phone	Cell Phone			
Social Security #:		Gender	Date of Birth	

Email Address

Only If Enrolled in Pension:

Marital Status ☐ Single ☐ Married Date of Marriage_______________________

Spouse's Name____

Spouse's Date of Birth Spouse's Social Security #

Employment Information Section

Date of Hire _______________________ Job Title ______________________________________

☐ Clergy ☐ Lay Hours Expected to Work per Year ________________

Benefit Information Section

Health Coverage Questions:	
Source of health coverage:	**Example of Source**: Employer provided, Spouse plan, Military plan, Medicare, Other – Please specify, No Coverage
Level of coverage:	**Example of Level**: Single, Employee + one, Family
Insurance Plan:	
Percentage paid by employer:	
Pension Coverage Questions:	
Employer Contributes to Pension?	**Example Response to Pension: Yes or No**
Other Benefits ☐ Life Insurance ☐ Short T. Disability ☐ Long T. Disability	

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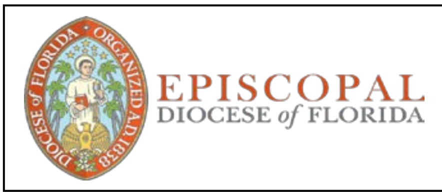

Compensation Section

$	$	$	$
Cash Stipend (Base Salary)	Social Security Tax Reimbursements	Employer Paid Tuition for Dependents	ER Paid 403(b) Contributions
$	$	$	$
Other Taxable Income	Utilities Paid by Employer (LP Gas, Electric, Water)	Housing Equity Allowance	Cash Housing Allowance

Housing (Rectory) Provided: ☐ Yes ☐ No   Meals Provided: ☐ Yes ☐ No

Date of Last Change in Compensation ____________________

Other Information

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____
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____
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*For Diocesan Admin Use Only

WCC ____

MLPS Eligible ☐   Enrolled   Not-Enrolled   Other

Plan ____________________________________   Level_______________

ER Eligible ☐   Enrolled   Not-Enrolled

☐ DB   ☐ DC   ☐ RSVP   B_____   M_____

AMartinez@DioceseFl.org May 2019