

## 2017 Personnel Data & Benefits Eligibility

New or  Change (indicate changes on form with ✓ in boxes as appropriate)\*

This form updates an employee's personal information and benefits eligibility.  
To make changes to payroll figures please submit the Payroll Authorization form

### EMPLOYEE PERSONAL INFORMATION (please respond to all items)

Episcopal Clergy? *circle*: Yes or No

Name: \_\_\_\_\_  Personal Email: \_\_\_\_\_  
Full legal first & last name. If changing name please provide former name in parenthesis

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_  Work Phone: (\_\_\_\_) \_\_\_\_\_

Marital/Partner Status (*circle one*): Single Married State Registered Domestic Partners Divorced Widow

Spouse's Name: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

### EMPLOYER PROVIDED INFORMATION (please respond to **all** items)

#### Employment Status:

Temporary (hired for less than 90 days = no benefits)  Permanent (hired for more than 90 days = benefits as outlined below)

#### Employee is an active, paid employee, working an average of:

Submit appropriate enrollment forms within 30 days of hire or qualifying event date/status change. All benefits begin first of the mo following date of hire or change of status date, if hire date is first of the month coverage begins immediately. There are no waiting periods permitted for benefits or retirement plan eligibility

**Circle One** **Less than 20hrs/week**

(Option for retirement plan funded by employee contributions only)

**20 - <30 hrs/wk**

(Canonically required employer provided benefits: Disability, Salary Continuation & Lay DC Retirement Plan. Employee can opt into medical or dental at their own expense – request forms by email)

**30 or more hrs/wk**

(canonically required benefits: all ins for 20hr/wk plus Med, EAP, Dental & Life Ins.)

**Check One** (refer to [http://www.dir.ca.gov/dlse/faq\\_overtimeexemptions.htm](http://www.dir.ca.gov/dlse/faq_overtimeexemptions.htm) for guidance on exempt or non-exempt status)

**Exempt** (not entitled to overtime pay) **OR**  **Non-Exempt** (entitled to overtime pay)

Hire / Change of Status Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Avg. Monthly Wages: \$ \_\_\_\_\_ **AND** Annual Comp: \$ \_\_\_\_\_  
(do NOT list an hourly rate)

Data Authorized by: (name & title) : \_\_\_\_\_  
*print & sign*

Today's Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

All benefits that require an enrollment form and must be submitted within 30 days of hire date to guarantee enrollment eligibility. If employee elects to waive medical or dental they must submit the appropriate waiver of coverage form