The Episcopal Diocese of California
Payroll & Benefits Office
1055 Taylor St. San Francisco, CA 94108
phone: 415-673-5015 fax: 415-673-4863
email: sarahc@diocal.org web: www.diocal.org/pba

Employing Entity Name / City & Parish Code:

2020 Employee 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 INFORMATION (please respond to all items)

TEC USA Clergy? *circle:* Yes or No - If YES indicate preferred salutation: The Rev, Father, Mother, other:____________________

☐ Legal Name **(last, first)**:____ SS# or TIN: ________________________
If changing name please provide former name in parenthesis

Title (circle) The Rev., Ms., Mr. Date of Birth: ______________ Gender: ______

☐ Preferred Mailing Address:____

☐ City, State, Zip: ____

(circle) **Home** or **Cell Phone**: (______) ____________________________ **Work Phone**: (______) ____________________________

Personal Email:____ **Work Email**:____________________________________

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

(Spouse data required for retirement or pension eligible employee): Spouse's Name **(last, first)**: ____

Date of Marriage:___________Spouse's DOB:____________Spouse's SS# or TIN: __________________________

EMPLOYER PROVIDED INFORMATION (please respond to all items)

Employment Status:

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

Employee is scheduled to work 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, unless employer policy provides coverage)

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

Check One (visit Cal Chamber of Commerce website for guidance on employee exempt or non-exempt status)

☐ **Exempt** (not entitled to overtime pay if hours worked exceed 8/day) **OR** ☐ **Non-Exempt** (entitled to overtime pay)

Hire or Change of Status Date: ______________________ **Job Title:** ___________________________________

Avg. Monthly Wages: $ ______________________________ **AND** **Annual Comp: $** ____________________________
(should = annual / 12. Do not list an hourly rate) **(annual = avg. monthly wages x 12)**

Employer Authorization: (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

office use only: ☐ER_______ ☐MLPS_________ ☐EBDB_________ ☐PR___________