



Diocese of Salt Lake City

27 C STREET
 SALT LAKE CITY, UTAH 84103-2397
 TELEPHONE (801) 328-8641
 FAX (801) 328-9680

Diocesan New Hire Religious Lay

Fax to 801 328-9680 or mail – Attn: Finance Office Rev. 01/2009

Location		
Employee Name		
Address		
City, State, Zip Code		
Soc Sec # / Phone Number	Phone #	
Gender	M or F	Date of Birth
Date of Hire (this location)	Original Diocesan DOH	
Occupation		
Salary/Wages		
Number hours per week	Will qualify for Pension January _____	
Health Insurance	Yes or No or N/A (working less than 20 hours per week)	
HIPAA & COBRA Notice	(upon enrollment in health insurance)	
Waiver	Yes or No IF YES >> Insured elsewhere? Yes or No	
Driver of Diocesan vehicle?	Yes or No IF YES >> Copy Driver's License	
Utah New Hire Registry	<input type="checkbox"/>	I-9 Certification <input type="checkbox"/> .
W - 4	<input type="checkbox"/>	.

Diocesan Employee Termination

Termination Date		
Hours Calendar Year to Date		
Wages Calendar Year to Date		
COBRA	Yes or No	Send Election to Diocese
Transfer to Diocesan entity	Yes or No	IF YES, where?
Precision Planning Form		
Accrued vacation pay		
Severance pay		
Reason for leaving		