



PAYROLL ACTIVATION

NAME: _____

POSITION: _____

DEPARTMENT: _____

HIREDATE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ (Attach resume or application)

\$ _____ Annual Rate OR \$ _____ Hourly Rate if Time Card

Exempt _____ Non-Exempt _____

Based on _____ hours per week x 52 = _____ hours per year
(Standard 9:00 – 5:00 with lunch hour considered 35 hours per week).

If employee has worked for any part of the Diocese before (parish, school, daycare, etc.)
list the following:

Date: _____ Location: _____

Date: _____ Location: _____

Department Head Signature

Chief Operating Officer

Please return this form to the Business Office by the 7th of the month to be included in the 15th payroll,
and by the 22nd of the month to be included in the end-of-month payroll. Thank you.