

2026 New Hire Form



This form must be completed for **all new employees**. Any employee scheduled to work 1,000 or more Compensated hours per year (*regardless of whether they are an exempt or non-exempt employee*) must also send in the **Benefits Enrollment Form**.

Fax this form (or forms) to 916-442-6927, Attn: Benefits

OR mail it to: The Episcopal Diocese of Northern California

Attn: Benefits

2394 Fair Oaks Blvd.

Sacramento, CA 95825

Congregations and Institutions will be liable for costs associated with insurance that is not correctly processed, due to this form not being received within 30 days of the date of hire.

This is a fillable form. Click on the box you wish to edit to type. You may also print this form and complete it by hand.

Employee Information			
Congregation/ Institution Name:	_____	Congregation/ Institution City:	_____
Employee Name Title:	_____	Clergy/Lay:	<input type="checkbox"/> Clergy <input type="checkbox"/> Lay
First Name:	_____	Employee Address:	_____
Last Name:	_____	City, State, Zip:	_____
Date of Birth:	_____	Phone:	_____
SSN:	_____	Email:	_____
Annual Salary: (Total compensation)	_____	Status: Select the appropriate box:	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly
Base Salary: (For clergy only)	_____	Hire Date:	_____
Cash Housing Allowance: (For clergy only)	_____	Employee Job Title:	_____
Hours expected to work per year:	_____	Canonical Residence: (For clergy only)	_____

Signature

Prepared by: (Printed Name)	_____	Preparer's Job Title:	_____
Preparer's Signature:	_____	Date:	_____

For questions, or to submit this form, please email benefits@norcalepiscopal.org.