

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: <i>(Total compensation)</i>	Status: Select the appropriate box:	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly
Base Salary: <i>(For clergy only)</i>	Hire Date:	
Cash Housing Allowance: <i>(For clergy only)</i>	Employee Job Title:	
Hours expected to work per year:	Canonical Residence: <i>(For clergy only)</i>	

Signature

Prepared by: <i>(Printed Name)</i>	Preparer's Job Title:
Preparer's Signature:	Date: