

## 2025 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  
350 University Avenue, Suite 280  
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
Base Salary: _____ <i>(For clergy only)</i>	Hire Date: _____	<input type="checkbox"/> Salaried	<input type="checkbox"/> Hourly
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: _____

***For questions, or to submit this form, please email [benefits@norcalepiscopal.org](mailto:benefits@norcalepiscopal.org).***