**DOW-R** ⇨ Benefit Eligible  Yes  No -Complete form up to \*

**Notice of**

**New employee hire**  **Employee Termination**  **Name change - (Complete**

**or Increase in Hours or Reduction in Hours**  **through city/state/zip)**

Please use new hire/termination form link found in Dropbox folder “HR Forms”. If unable to use Dropbox, use this form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | | | | | | Parish/School Name: | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Employee Information** (For Non-Benefit eligible employees – You do not have to complete the Qualifying Event information) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | |  | | | | | | | | | | | M.I.: | | | |  | | Last Name: | | | | | | |  | | | | | | | | |
| *Employee name must match your accounting/payroll & DOW-R* | | | | | | | | | | | | | | | | No period in MI | | | | | |  | | | | | | |  | | |  | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | |  | | |
| City, State, Zip: | | | |  | | | | | | | | | | | | | | | | | | Home Phone # | | | | | | | |  | | | | |
|  | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | |  | | |
| Date of Birth: | | |  | | | | | | | | | | | | Social Security #: | | | | | | | | |  | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | |  | | |
| Start date or date hours increased: | | | | | | | |  | | | | | | | |  |  | | --- | --- | | Work Email address: |  | | | | | | | | | | | | | | | | | | | | |
| Note: start date is the date the employee started working, not the date they were hired. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | | | | | If teaching, license #: | | | | | | | | | |  | | | |
| Will the new employee work with children or young adults:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the new employee worked at a Catholic school/church/institution within the Diocese of Winona-Rochester in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| the last 5 years:  No  Yes Where: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **\*Qualifying Event Information (check one)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New hire or increase in hours:** | | | | | | | | | | | | | | | | | | **Termination or decrease in hours** (attach term/resign letter) | | | | | | | | | | | | | | | | |
| New Hire or  Increase in hours | | | | | | | | | | | | | | | | | | ⇨ Effective date | | | | | | |  | | | ⇨ Last day worked | | | | | |  |
| (from less than 20 to 20 or more per week | | | | | | | | | | | | | | | | | | Employee hired at different DOW-R location: | | | | | | | | | | | | | | | | |
| ⇨ Transfer from DOW-R location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | Hired at | | | | |  | | | | | | | | | | | |
| ⇨ Exempt employee  No  Yes (attach job description) | | | | | | | | | | | | | | | | | | Termination of employment – involuntary  Retirement | | | | | | | | | | | | | | | | |
| ⇨FTE \_\_\_\_\_\_\_\_\_\_\_ or | | | | | | | | | | | | | | | | | | Voluntary separation of employment, resignation or quit | | | | | | | | | | | | | | | | |
| Number of hours per week employee will work | | | | | | | | | | | | | |  | | | | Reduction in hours less than benefit-eligible | | | | | | | | | | | | | | | | |
| Number of months per fiscal year | | | | | | |  | | | | | | | | | | | ⇨ Date of employee’s final paycheck | | | | | | | | | | | | | | |  | |
| ⇨ Annual salary | | | | |  | | | | | | | | | | | | | ⇨Date parish/school ends contribution to insurance | | | | | | | | | | | | | | |  | |
| ⇨ Date employee will receive first paycheck | | | | | | | | | | |  | | | | | | |  | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parish/school representative** | | | | | | | **X** | |  | | | | | | | | | | | | | | | | | | | | | |  |  | | |
|  | | | | | | |  | | Signature | | | | | | | | | | | | | | | | | | | | | |  | Date | | |
|  | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  |  | | |
|  | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  |  | | |

***Place form in your Dropbox within 5 days of hire/termination – Do Not Email***

*or mail/fax to: Diocese of Winona-Rochester, Employee Benefits Coordinator, PO Box 588, Winona, MN 55987*

*Fax 507.454.8106* Questions? - Email: [benefits@dowr.org](mailto:benefits@dowr.org) or call 507-858-1268  **Uploaded to Dropbox**