**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 or call 507-858-1268 [ ]  **Uploaded to Dropbox**