

DOW-R ⇒ BENEFIT ELIGIBLE YES NO -Complete form up to *

NOTICE OF

NEW EMPLOYEE HIRE OR INCREASE IN HOURS **EMPLOYEE TERMINATION OR REDUCTION IN HOURS** **NAME CHANGE - (COMPLETE 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:

- New Hire or Increase in hours
(from less than 20 to 20 or more per week
- ⇒ Transfer from DOW-R location: _____
- ⇒ Exempt employee No Yes (attach job description)
- ⇒ FTE _____ or _____
- Number of hours per week employee will work _____
- Number of months per fiscal year _____
- ⇒ Annual salary _____
- ⇒ Date employee will receive first paycheck _____

Termination or decrease in hours (attach term/resign letter)

- ⇒ Effective date _____ ⇒ Last day worked _____
- Employee hired at different DOW-R location:
Hired at _____
- Termination of employment – involuntary Retirement
- Voluntary separation of employment, resignation or quit
- Reduction in hours less than benefit-eligible
- ⇒ Date of employee's final paycheck _____
- ⇒ Date parish/school ends contribution to insurance _____

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**