EMPLOYEE ROSTER

Information Collection Sheet

IMPORTANT: *Be sure to include* ***ALL*** *employees of your church, including those who are full-time, part-time, eligible for benefits, ineligible for benefits, etc.*

Title/Name: _____

Home Address: _____

_____

Mailing Address: _____

_____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

E-mail: _____

Work E-mail: _____

Individual Client-Number (if known**):** _____

SSN (or TaxID**):** _____

DOB: _____

☐ **Clergy /** ☐ **Lay Employee**

Position Title: _____

Hire Date (for this position**):** _____

☐ **Exempt** (Salaried) **/** ☐ **Non-Exempt** (Hourly) / ☐ **Unpaid** (Volunteer)

Scheduled Hours Worked/Year: _____

Compensation:

Stipendary (Paid) / **Non-Stipendary** (Unpaid)

Cash Stipend Amount: _____

SSN Reimbursement Amount: _____

Cash Housing Allowance: _____

Total Assessable Compensation: _____

Marital Status: ☐ Single / ☐ Married / ☐ Divorced / ☐ Widowed/Widower

Date of Change in Marital Status: _____

Source of Medical Coverage:

☐ **Employer/Medical Trust / ☐ Employer/Non-Medical Trust** /

☐ **Spouse/Partner Plan / ☐ Military Plan ☐ Medicare /**

☐ **No Coverage / ☐ Other**—please specify: _____

Level of medical coverage:

☐ Single / ☐ Employee+1 / ☐ Employee+child(ren) / ☐ Family

Percent of medical coverage payed by parish: _____

Currently Enrolled in which pension program?

☐ Clergy DB / ☐ Lay DB / ☐ Lay DC / RSVP

Employer contributes to pension? ☐ Yes / ☐ No