



# 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:** \_\_\_\_\_

**Spouse Date of Birth and Social Security Number:** \_\_\_\_\_

**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 paid by parish:** \_\_\_\_\_

**Currently Enrolled in which pension program?**

Clergy DB /  Lay DB /  Lay DC / RSVP

**Employer contributes to pension?**  Yes /  No