



Diocese of Salt Lake City

27 C STREET
SALT LAKE CITY, UTAH 84103-2397
TELEPHONE (801) 328-8641
FAX (801) 328-9680

Diocesan New Hire Religious Lay Change Form

Fax to 801-328-9680 or mail – Attn: Finance Office

Location			
Employee Name			
Address			
City, State, Zip Code			
Soc Sec #			Phone #
Gender	M	F	Date of Birth
Date of Hire (this location)	Original Diocesan DOH		
Job Title			
Salary/Wages	Salaried	\$	Hourly \$
Number hours per week	Will qualify for Pension January		
Health Insurance	Yes	No	N/A (working less than 20 hours per week) Basic PVC PAR Standard PVC or PAR Effective Date:
COBRA Initial Notice (A)	Yes	No	(upon enrollment in health insurance)
Waiver	Yes	No	IF YES >> Insured elsewhere? Yes No
Driver of Diocesan vehicle?	Yes	No	IF YES >> Copy Driver's License
Utah New Hire Registry	I-9 Certification		
W - 4			

Diocesan Employee Termination

Termination Date			
Hours Calendar Year to Date			
Wages Calendar Year to Date			
COBRA	Yes	No	Send Election to Diocese Yes No
Transfer to Diocesan entity	Yes	No	IF YES, where?
Precision Planning Form			
Accrued vacation pay			
Severance pay			
Reason for leaving			