

Position Information Form

Name of Employee: _____

Title of the Position: _____ Date Hired: _____

Check one for Compensation Status:

- Exempt
- Non –exempt

Check on for job hour status:

Straight time **OR** Flexible hours

- Regular Full-time Hours: _____
- Regular Part-time "A" Hours: _____
- Regular Part-time "B" Hours: _____
- Independent Contractor Hours: _____

What is the salary Classification: _____

Starting Wage: _____ Pay Cycle: _____

Benefits Eligibility:

- Health and Life Insurance
- Life Insurance Only
- Dental
- Pension
- Paid Vacation Number _____
- Sick Days Number _____
- Personal Days Number _____

Date of used Sick Days in year 2010: _____

Banked Sick Days from year 2010: _____

Dates of used Vacation days in year 2010: _____

PLEASE LIST ANY SPECIAL TRAINING OF CERTIFICATION:

EDUCATION

- ELEMENTARY
- HIGH SCHOOL
- COLLEGE
- GRADUATE

DATE OF EMPLOYMENT WITH THE DIOCESE OF GARY: _____

LOCATION: _____ POSITION: _____

DATE OF EMPLOYMENT WITH ST. ELIZABETH ANN SETON: _____



BENEFITS ACCEPTED

- HEALTH AND LIFE INSURANCE
- VOLUNTARY DENTAL
- VOLUNTARY EYE
- PENSION