



# EMPLOYEE INFORMATION FORM

EFFECTIVE DATE:

## REASON FOR SUBMISSION (CHECK ALL THAT APPLY)

- New Employee     
  Pay/Status Change     
  Position Change     
  Termination

## PERSONAL INFORMATION

*Complete all fields*

Last Name:	First Name:	Middle Name:	Date of Birth:
Address:	City:	Zip:	Email:

## TECHNOLOGY ACCESS

*Check ALL that apply to this employee.*

- DBC Email     
  DBC Phone Number     
  DBC Computer     
  Ministry Platform Access
- ACS Access     
  Building Code     
  Building Key

Building Access Needed:

## PAYROLL

*Check ALL activities that apply and describe below.*

- Full-time     Part-time

Annual Salary:	Hourly Rate:
Other Pay:	Hrs/Week:

## POSITION

TITLE CHANGE	Current Title:	New Title:
STATUS CHANGE	Current Status <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly	New Status <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly
HOURS CHANGE	Current Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time    Hrs/Wk:	New Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time    Hrs/Wk:
COST CENTER CHANGE	Current Cost Center:	New Cost Center:

## TERMINATION

*A written notice of resignation that specifies an effective date must be attached to the Employee Information Form.*

Last Day Worked:	Final Paycheck <input type="checkbox"/> Hold <input type="checkbox"/> Direct Deposit
Address:	

## APPROVALS

*All approvals must be obtained **BEFORE AN OFFER OF EMPLOYMENT IS MADE.***

Ministry Director:

Signature

Date

Executive Pastor:

Signature

Date

Human Resources:

Signature

Date