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## Employee Roster Adding a Lay Employee: Enrollment Checklist

This checklist is intended to help you gather the information needed for adding a lay employee so you have everything you need when you sit down at your computer. Before adding a lay employee to the Employee Roster (ER), we recommend that you first search for them in ER using SSN and DOB. If you do not find them, you will need to add a lay employee by entering the information requested below in the appropriate data fields in the ER tool.

1. Has this employee ever worked for an Episcopal organization before?  Yes  No
2. Employee's full name (First, Last, and Middle initial): \_\_\_\_\_
3. Employee's Social Security number: \_\_\_\_\_
4. Employee's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Hire date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. Position title: \_\_\_\_\_
7. Effective date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
8. Status:  Exempt or  Non-exempt
9. Effective date of exemption status: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
10. Number of hours the employee is expected to work per year: \_\_\_\_\_
11. Effective date for the number of hours worked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
12. Mailing address:
  
13. Home address, if different from mailing address: City

14. Telephone number (including area code)

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

15. Email address

Home: \_\_\_\_\_

Work: \_\_\_\_\_

16. Gender:  Male  Female

17. Source of health coverage (e.g., employer-provided Medical Trust, employer-provided non-Medical Trust, covered via spouse / partner, military, Medicare, other specific type of coverage, or no coverage)

\_\_\_\_\_

18. Level of health coverage (e.g., individual; individual and spouse / partner; individual, spouse / partner, and children)

\_\_\_\_\_

19. Percentage of health coverage premium paid by the employer: \_\_\_\_\_ %

20. Employer contributes to pension:  Yes  No

21. Compensation effective date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

22. Base salary (annual amount): \$ \_\_\_\_\_

23. Does the employee receive housing?  Yes  No

24. If yes, do they also receive meals?  Yes  No

25. Amount provided for "Utilities" (if applicable): \$ \_\_\_\_\_

26. Employee's marital status: \_\_\_\_\_

27. Marital status effective date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

28. If married, spouse's full name (First, Last, and Middle initial): \_\_\_\_\_

29. Spouse's Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

30. Spouse's gender:  Male  Female

31. Spouse's date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_