



The
Episcopal Diocese
of New York

EMPLOYEE NEW HIRE/ENROLLMENT FORM
To be completed by treasurer/authorize official

Congregational information

Congregation: _____ Parish# _____
Location _____

Employee information

Name of Employee _____
Address _____ City, State, Zip _____
Social Security # _____ Date of hire: _____
Position title (priest, secretary, etc.) _____

If this employee is eligible for medical/dental/life insurance and needs to enroll in the Diocesan group coverage, please contact Sara Saavedra at (212) 316-7423 or e-mail her at ssaavedra@dioceseny.org.

Enrollment in the medical plan must be processed within 30 days of the hire date.

I, _____, authorize the diocesan office to pay the above employee at the stipulated rate beginning with the pay period following date of hire.

Authorized signature & Title _____

Please attach the following to this form:

- Completed W-4 form** MANDATORY (for Federal income tax withholding)
- Completed IT-2104 form** MANDATORY (for NYS and local tax withholding)
- Compensation Worksheet**
- Deduction Worksheet** (if applicable)
- Completed I-9 form** signed by employee and the authorized representative with photocopies from the lists of acceptable documents.
- Voided check(s)** for direct deposit/Bank letter

In addition to the above, for clergy staff we need:

- Certification of Parsonage Allowance Amount**

Send this form, with attachments, to
Zoraida Marte, **Accounting Payroll Mgr.**,
Episcopal Diocese of New York,
1047 Amsterdam Avenue,
New York, NY 10025
T:212-316-7478 F:212-932-7328 zmarte@dioceseny.org