



ARCHDIOCESE
OF SEATTLE

Personnel Action Form

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BSO Phone: (206) 382-4566 | PSO Phone: (206) 271-7662
BSO Fax: (206) 382-3493 | PSO Fax: (206) 957-8898

This form is to be filled out as soon as an employee change occurs, and should be faxed to the Benefits Services Office or uploaded to the secure SharePoint site in order to maintain security compliance. Do NOT send this form via unsecure email. The information you provide is used to update databases and comply with ACA measurement standards. If you have any questions, please contact the Benefits Services Office using the contact information provided above.

EMPLOYEE INFORMATION

Employee Name		Ultipro Employee ID	Marital Status	
			Single	Married
Address		City	State	Zip
Gender	Date of Birth	SSN	Phone Number	
Male Female	<input type="text"/>			
Primary Email (Work)		Secondary Email (Personal)		

Status Change	Benefits Eligible		Effective Date
	Yes	No	<input type="text"/>
Current Home Location Name	ID Number		
New Home Location Name	ID Number		

JOB / SALARY INFORMATION

Pay Rate	Hourly / Non-Exempt	Cost Center	Department
	Salary / Exempt		
Scheduled Hours Per Week	Status*	*Full time is considered 30 hours per week	
	Full Time Part Time		

New Job Code

New Job Title

New Pay Group

Additional Location

ID Number

Covenant

Supervisor

Yes

No

PTO PLAN ELIGIBILITY

Please Select the PTO Plan if Eligible*

*A multi-location employee can only be assigned to home location PTO plan

Vacation

Sick

Seattle Sick

Tacoma Sick

Personal Time

EMPLOYEE TERMINATION / LEAVE OF ABSENCE

Effective Date

Termination

Last Day Worked

Eligible for Re-Hire

Yes

No

Leave of Absence

Beginning Date

Return Date

DIRECT DEPOSIT INFORMATION*

Primary Bank Name

Type of Account

*Live checks are not distributed

Checking

Savings

Routing Number

Account Number

Amount to be Deposited from Paycheck

Net Pay

Percentage

Flat Dollar Amount

If Percentage is selected, how much?

If Flat Dollar Amount is selected, how much?

Secondary Bank Name, if Applicable

Type of Account

Checking

Savings

Routing Number

Account Number

Amount to be Deposited from Paycheck

If Percentage is selected, how much?

Percentage

Remaining Pay

TAX INFORMATION

Filing Status

Withholding Allowance

Additional Tax \$

Exempt from Federal Withholding

Yes

No

ADDITIONAL EARNINGS

Priest Car Allowance

Frequency

Monthly

Per Paycheck

Meal Allowance

Frequency

Monthly

Per Paycheck

Housing Allowance

Frequency

Monthly

Per Paycheck

Cell Allowance

Frequency

Monthly

Per Paycheck

Other Earnings, Please Describe

Other Amount

Frequency

Monthly

Per Paycheck

Other Earnings, Please Describe

Other Amount

Frequency

Monthly

Per Paycheck

DEDUCTIONS

Arrears Cap, Dollar Amount or Percentage

Frequency

Monthly

Per Paycheck

Other Deductions, Please Describe

Other Amount

Frequency

Monthly

Per Check

REQUESTER INFORMATION

Requester Name

Ultipro Employee ID

Phone Number

Primary Email (Work)

Electronic Signature Approval

Additional Notes (Optional)

INTERNAL USE ONLY

HR ONLY

Processed By

Date

PSO ONLY

Processed By

Date

BSO ONLY

Approved By

Date

ACA 3 Month Measurement