

ARCHDIOCESE OF GALVESTON-HOUSTON

PRIEST EMPLOYMENT INFORMATION FORM

EMPLOYEE NAME: _____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ SOCIAL SECURITY #: _____

BIRTHDATE: _____ ORDINATION DATE: _____ HIRE DATE: _____

WORK LOCATION & #: _____

POSITION: _____

EMAIL ADDRESS: _____

This section to be completed by Bookkeeper or Administrator

EXEMPT: Annual Salary: \$ _____ Scheduled Hours per Week: _____

SECOND POSITION (if applicable)

HIRE DATE: _____ WORK LOCATION & #: _____

POSITION _____

EXEMPT: Annual Salary: \$ _____ Scheduled Hours per Week: _____

Signature of Bookkeeper/Business Manager/Pastor

Date

Please fax form within 24 hours to 713-654-5763