

SYNOD OF THE DIOCESE OF NIAGARA

NEW EMPLOYEE FORM

EE#

Name: _____ Email _____

Contact Information:

Street/City: _____

Province/PC: _____

Phone: _____ SIN: _____

Payroll Information:

Parish/Code: _____

Position: _____

Please circle the appropriate classification:

LAY

CLERGY

INTERIM

SYNOD OFFICE

Hourly Rate: _____ Salary: _____ Housing: _____

No. Of Hrs/Week/Month: _____ Start date: _____

Birth Date: _____

End-date/Anticipated end-date (if appropriate): _____

Payroll Deposit Information:

Please attach a void cheque or bank printout of direct deposit information.

Emergency Contact:

(Please include full name, relationship and day time phone number)

Comments:

Submitted by: _____ Date: _____
(name and title)

General Synod Plan

13.5 hrs/wk (58.5 hrs/mo)

General Synod Pension (% of gross salary; EE and ER participation)

☐

Long Term Disability (% of annual gross salary; ER only)

☐

Pension Administration Fee (% of annual gross salary; ER only)

☐

20 hrs/wk (86.67 hrs/mo)

Medical/Dental Single

☐

Couples

☐

Family

☐

Life Insurance (ER)/SIDB (EE)

Continuing Education (Clergy only)

☐

AD & D (ER only)

☐

Estate Benefit (EE and ER participation)

☐

Lay Retirement Plan

13.5 hrs/wk (58.5 hrs/mo)

Long Term Disability (% of annual gross salary; ER only)

☐

Lay Pension (% of gross salary; ER and EE participation)

☐

20 hrs/wk (86.67 hrs/mo)

Medical/Dental Single

☐

Married

☐

Family

☐

Life Insurance only (if covered by another plan)

☐

FORMS

Federal Tax Form

☐

Provincial Tax Form

☐

E-mail Approval Form

☐

Pension/LTD/Benefit Forms (circle appropriate form)

Date forms e-mailed: _____

Reminders: _____

Date forms returned: _____

NOTES: _____

Revised: 04/29/2025
