

**LAY EMPLOYEES' RETIREMENT PLAN
ENROLLMENT FORM
DIOCESE OF OGDENSBURG**

Date: _____

Social Security # _____

Employer Name: _____

Name: _____

Employer Address: _____

Address: _____

Employer Telephone # (____) _____

Telephone # (____) _____

Age: _____ DOB: _____

Date of Hire: _____

Occupation: _____

Date of Background Check: _____

Annual Salary: (estimate if necessary for twelve months) \$ _____

Please note that the standard contract year for Catholic school teachers is September 1-August 31.

If applicable, please list any previous Diocesan Employer(s), Location and Date of Employment:

1. _____

2. _____

3. _____

Do you presently work for any other Church, School or organization within the Diocese of Ogdensburg? _____

If so, name and location: _____

Are you provided with living accommodations? _____

Will you work 500 hours or more in a full year? Yes _____ No _____

Approximate number of hours you will work per year: _____

Signature: _____

Employee

Location # _____

Signature: _____

Pastor / Principal / Administrator