Diocese of Wheeling-Charleston

Office of Human Resources

ONBOARDING FORM

COMPANY NAME: _____

Paylocity Company ID # : _____

BACKGROUND SCREENING COMPLETED AND CLEARED: _____ _____
Date *Initials*

EMPLOYEE INFORMATION

Employee Legal Name: _____

Employee Contact Email Address: _____

Phone Number: (_____)_____

Projected Hire Date: _____

Position: _____

Rate of Pay $_____ Hourly _____ *Salary_____

**Employee Status: Regular Full-Time _____ Regular Part-Time _____

PRN _____ Estimated Number of Hours Work Per Week _____

Cost Center: _____ Department: _____

If you are a parish, please indicate parish branch _____

Example: Branch 1 Parish 3, Branch 2 Parish 2 or Branch 3 parish 1

Supervisor assigned: _____

** Salaried employees must fall under the compensation exemption under the FLSA Department of Labor/Wage and Hour Division. ** Regular Full-Time hours are 35+, Regular Part-Time hours are 15 hours up to 35 hours, and PRN is an as needed employee.*

APPROVAL- DEPARTMENT MANAGER OR SUPERVISOR

_____ _____
Signature *Date*

Please send completed form to the Helpdesk (https://helpdesk.dwc.org/home/).

All sections of this form **MUST** be completed in order to successfully onboard an employee.
Missing information will only delay the process.