



The Anglican Diocese of Calgary  
8336 – 34 Avenue NW  
Calgary, AB T3B 1R2  
Tel: 403 243 3676

☐ New ☐ Change ☐ Termination

Effective Date: \_\_\_\_\_

Date Completed: \_\_\_\_\_

e-mail: [bgogol@calgary.anglican.ca](mailto:bgogol@calgary.anglican.ca)

## Employee Information

FILL IN ALL SPACES

Name: \_\_\_\_\_

SIN: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_

Classification: ☐ Clergy ☐ Lay

Postal Code: \_\_\_\_\_

Status: ☐ Single ☐ Couple ☐ Family (\*)

Phone (Office): \_\_\_\_\_

Position Title: \_\_\_\_\_

Phone (Home/cell): \_\_\_\_\_

Position Start Date: \_\_\_\_\_

e-mail: \_\_\_\_\_

Hours of Work: ☐ Full-time ☐ Part-time (Hours/month: \_\_\_\_\_)

Ordination Date  
(Clergy Only): \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Other monthly Compensation: Travel: \_\_\_\_\_ Other: \_\_\_\_\_

Spouse DOB: \_\_\_\_\_

Salary-Paying Source: ☐ Diocese or ☐ Parish of \_\_\_\_\_

### Group Benefits:

	Accepted	Declined	Reason/Comment
Extended Health:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dental:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Continuing Education:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Optional Life Insurance:	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Dependents (\*if "Family" status):

Name	Birth Date	School (Full-time)	Name and Address of School
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

### Additional Information/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (Employee)

\_\_\_\_\_  
Signature Warden

\_\_\_\_\_  
Signature Warden

\_\_\_\_\_  
Signature Incumbent

*\*\*Please print names signing below signatures*

## Instructions for Completing the Employee Information Form

The Employee Information Form must be completed and sent to the Diocesan Office (address below) every time there is a change in the personnel information for an employee (a clergyperson receiving employment income from a parish or the Diocese or a lay person on the Diocesan Payroll service). If the Diocesan Office has already received a previous copy of an Employee Information Form for an individual, then only the employee number (or name) and the information that is changing needs to be completed.

Specific instructions for completing the information are as follows:

- **Effective Date:** This is the date that the information on the form takes effect. All changes that affect the Diocesan Payroll Service must be received in the Diocesan Office before the beginning of the month in which they are to take effect. Salary changes that are received after the beginning of the month in which they take effect are subject to a payroll administration fee (currently set at \$50 per salary change).
- **Name, Address, Phone, e-mail:** Complete this information as it relates to the employee. Ensure the Postal Code is included.
- **Ordination Date (Clergy Only):** For employees that are members of the clergy, please indicate the date of ordination as deacon.
- **Spouse Name, Spouse Date of Birth:** Complete this information as it relates to the employee's spouse (if applicable).
- **Status:** Please indicate the employee's status for group benefit coverage. Note that in the case of "Family" coverage, information for all children must be completed in the "Dependents" section further down the page.
- **Position Title:** The employee's position title (e.g. incumbent, assistant, secretary, etc).
- **Position Start Date:** The date that the employee started in this position.
- **Hours of Work:** Indicate whether this is a full-time or a part-time position. In the case of a part-time position the average hours worked per month must also be indicated.
- **Other Monthly Compensation:** Other amounts included in the monthly compensation (e.g. travel, book allowance, etc). For amounts included in the "Other" category (non-travel), please indicate in the "Additional Information" section at the bottom of the form exactly what is included in the amount.
- **Salary-Paying Source:** Indicate who is paying the compensation amounts indicated in the previous two areas.
- **Group Benefits:** For each of the group benefits, please indicate whether the employee has accepted the benefit or declined the benefit. In each case where the benefit has been declined, please indicate a reason why the benefit is not required (e.g. provided in spouse's plan, not eligible – in the case of lay parish employees, etc). Note that the Continuing Education Plan is optional for lay employees and clergy employees over age 65. For clergy employees age 65 or less, participation in the Continuing Education Plan is mandatory.
- **Dependents:** This section will include the names and birth dates of any children of the employee (if applicable). In addition, for any children that are age 21 or over, an indication as to whether or not the child is attending school and, if so, the name and address of the school, is required. If additional space is required, please use the "Additional Information/Comments" section (below) or attach a separate sheet of paper with the required information.
- **Additional Information/Comments:** This section will include the exact type of any additional monthly compensation. Any compensation that is not paid on a monthly basis (e.g. fees for weddings, funerals, other "bonus" payments, etc) and compensation from endowments are also noted. Parishes may wish to review the Diocesan Policy regarding Gifts to Clergy to see what other types of "one-time" or "irregular" compensation amounts need to be included in this area of the form.
- **Signature, Phone Number, Title:** When completed, both the employee and the salary-paying source (wardens and Incumbent, if there is an Incumbent) must sign the form. Please print the name immediately below the line. ***Please note that the person signing on behalf of the salary-paying source must be a member of the corporation.*** Normally, this is the wardens and Incumbent - provided that an employee does not sign their own form on behalf of the salary-paying source. The daytime phone number of the employee and the title of the person signing on behalf of the salary-paying source must be included below the respective signature.

If there are any questions about completing the Employee Information Sheet, please contact :

Mr. Rob Sutherland  
Comptroller  
587-320-1344  
888-999-1551 (Toll-free in Alberta)  
[comptroller@calgary.anglican.ca](mailto:comptroller@calgary.anglican.ca)

Ms. Barb Gogol  
Accounting Assistant  
587-320-1346  
888-999-1551  
[bgogol@calgary.anglican.ca](mailto:bgogol@calgary.anglican.ca)