



900 Vancouver Street  
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### LAY EMPLOYEE INFORMATION FORM

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**TO BE COMPLETED BY THE NEW HIRE:**

*Employee Full Legal Name:*

First:  Middle:  Last:

Address:  City:  Postal Code:

Phone Number: Home:  Cell:

Email Address:

Birthdate:  SIN:

*Emergency Contact:*

Name:  Relationship:  Phone:

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**TO BE COMPLETED BY THE WARDENS:**

Parish, Location:

Position Title:

Start Date:

End Date (if applicable):

Hours: Hours per week:  Rate:

Pay:  Timesheet  Average

Additional Info or Compensation:

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Signature of Incumbent or Warden

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Name of Incumbent or Warden, Position Title

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**SYNOD OFFICE USE ONLY:**

Employee Number:

Cost Central #:

## INSTRUCTIONS FOR COMPLETING THIS FORM

This form must be completed for all new hires.

**Effective Date:**

This is the date that the information takes effect.

**Parish, Location:**

The diocese has multiple churches with the same or similar names, so please indicate the location:  
Example: St. John the Divine, Courtenay or St. John the Divine, Victoria

**Position Title:**

The employee's position title (example: parish administrator, etc).

**Start Date:**

This is the first day the employee has paid hours.

**End Date (if applicable):**

Only complete this field if the position has a fixed term or end date.

**Hours:**

- If the employee is working 20 hours or more per week, they will receive Manulife Benefits.
- If the employee is less than 65 years old and working more than 13.5 hours per week, they will receive Anglican Pension.

**Pay:**

Indicate whether the employee will be paid based on the average hours or timesheet submissions.

**Vacation:**

Earned annual vacation time will be a percentage of eligible earnings:

4% (two weeks)      6% (three weeks)      8% (four weeks)

**Additional Compensation or Information:**

Indicate other amounts included in the compensation (example: travel, etc.) or supplemental information not included elsewhere.

Please submit this form to [hr@bc.anglican.ca](mailto:hr@bc.anglican.ca) and email if you have any questions about completing this form.