



LOCATION SUPERVISOR FORM

Attn: HRsupervisorform@cdlex.org

EE Last Name: _____ EE First Name: _____

Pay Rate: _____ Per Hr / Day

Salary: _____ Per Year Location: _____

DOH: _____ Start Date: _____

Job Title: _____

Supervisor: _____

Anticipated Hours Per Week (MARK ONLY ONE)

____ Less than 20 hours (not benefit eligible)

____ 20 to 25 hours (60%)

____ 26 to 29 hours (70%)

____ 30 to 33 hours (80%)

____ 34 to 37 hours (90%)

____ 37.5+ hours (100%)

PTO BASED ON WORK DAY: 7.5 hours ____ or 8 hours ____

IS THE POSITION SEASONAL: Yes ____ or No ____

Who enters & approves payroll? _____ Dept. # _____

PREVIOUS EMPLOYMENT:

Catholic Diocese of Lexington? Yes ____ or No ____

How Long? _____

Location: _____

TECHNICAL SUPPORT:

Will this employee require e-mail setup? Yes ____ or No ____

Does this employee need to be added to the MBA mailing list? Yes ____ or No ____

Supervisor Signature: _____

Date: _____