PlanSource & Personal Information Data Sheet

Today's Date: / /

Fax or Email completed document to CDOP HR Office to begin Benefit Enrollment process.

FULL-TIME EMPLOYEES ONLY FAX to CDOP-HR: 309-671-1583 or Email: humanresources@cdop.org

Parish/School Name:		Parish/School CDOP Loc. No.:			Paycor Client No.:		
			P	ayroll Cycle (circle):	<u>Biweekly</u>	Semi-Monthly	<u>Monthly</u>
Employee Email Address:				Annual Salary:			
Name: (As stated on your Social Security card)					Social Security No.: (Do not in	ing the document to H	
14		First			MI		
Last Address: (Where payroll, 10950	C and year-end W-)		WI		
	C and year-end W-	2 will be mailed)	City	ST		Zip
Address: (Where payroll, 10950	•	2 will be mailed)	City		" Employment:	Zip / /
Address: (Where payroll, 10950	•	2 will be mailed	,	City / / Sub/Temp/Seasonal	ST Date of "Active		Zip / / Married