

Episcopal Diocese of Ohio

Annual Report of Parish Lay Employees

	For Year	2025
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Please list below ALL lay employees as of July 31st of the above calendar year.

Printed Name

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LAST NAME	FIRST NAME	POSITION	Avg Hours per Week	Expected Annual Hours*	Hourly Pay Rate or Annual Salary	Enrolled in Retirement Plan (Y or N)
Plan through C All Lay Defined Contribution **If you answered NO, plea the account current.	PG. n payments have been paid the se attach documentation show	000 hours in a 12-month period merough July 31st (check one box): YE	S 🗌 **M	NO 🗆		
I certify that the above rep	ort is true, correct, and compl	ete.				
City, Parish			E-mail address		-	
Signature and Date			Phone			
Printed Na	me		Title		-	