

PAYROLL AUTHORIZATION

Name _____
Last First Middle Initial

Address _____ Telephone No. _____
Street City State Zip

Security No. _____ Date of Birth _____

Position/Title _____ Ministry/Department _____ Date of First Employment _____

Pastoral Staff Only: No. of Years doing Full-Time Ministry: _____

Check appropriate box :			
<input type="checkbox"/> New Employee	<input type="checkbox"/> Regular Full Time	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Exempt <input type="checkbox"/>
<input type="checkbox"/> Present Employee	<input type="checkbox"/> Part Time	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nonexempt <input type="checkbox"/>
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Temporary	<input type="checkbox"/> Single <input type="checkbox"/> Married	

Who is to be notified in an emergency : Name _____
 Address _____ Phone No. _____

COMPENSATION		HOUSING ALLOWANCE	
Period From _____	To _____	Period From _____	To _____
Hourly Rate _____	\$ _____	Ordained/Licensed/Commissioned? _____	
Hours Per Week _____		Board Authorization Obtained for _____	
Annual Salary Rate _____	\$ _____	Housing Allowance? _____	
Semi-Monthly Salary _____	\$ _____	(Date of Minutes ____/____/____, Copies placed in _____)	
Semi-Monthly Housing \$ _____		Personnel File)	
Total _____		Amount Authorized for 20_____ \$ _____	
No. of Vacation Days _____ beginning _____			
Date Eligible for Insurance: _____			
Date Eligible for 403B: _____ Rate: _____			

OTHER INCOME		DEDUCTIONS	
Description	Semi Monthly Amount		Semi Monthly Amount
Auto Allowance _____	\$ _____	Medical _____	
Self Emp. Supp. _____		Dental _____	
_____		Life _____	
_____		AD&D _____	
_____		Section 125 Supp. _____	
_____		Cancer _____	
_____		403(B) _____	
_____		Self Employment Taxes _____	
_____		Tithe _____	
_____		_____	
_____		_____	
Total		Total	\$ -

Termination of Employment Termination of Benefits/Other

Date of Resignation _____ Last Day Worked _____

Pay Through _____

Accrued Vacation Pay _____ Accrued Sick Leave _____

Reason for Termination _____

Re-Employ? Yes No

Additional Comments _____

APPROVAL SIGNATURES		
_____	_____	_____
Ministry/Department Head	Administrator	Employee