

PAYROLL AUTHORIZATION

Year

rev 9/2006

NAME:

Last Name

First

Middle

Address:

Street

City, State

Telephone

Position:

Hire Date:

Month Day Year

Effective Date:

Check Appropriate Boxes:

New Employee

Regular Full-Time

U.S. Citizen YES NO

Present Employee

Part-Time (less than 30 hrs.)
Expected hrs. of work weekly _____

Male Female

Former Employment

Temporary/Seasonal
Expected Length of employment _____

Single Married

COMPENSATION/HOURLY EMPLOYEE

COMPENSATION/SALARIED EMPLOYEE

Hourly Start Rate \$	Weekly Rate \$
Hours per week	Social Security Offset (for Year) \$ (\$ /wk)
	Total Salary \$

RETIREMENT

MBA – matching (after 1 year) _____

Percent: 1% 2% 2.5%

Church Contribution (after one year): _____

Personal Deduction: _____

Amount: \$ _____

	Vacation			
AFTER ONE YEAR				

Termination of employment

Termination of Benefits/Other

Date of Resignation: _____

Last Day Worked: _____

Reason for Termination: _____

Re Employ: YES NO

Additional Comments: _____

APPROVAL SIGNATURES

Employee Signature, Date

Church Secretary Signature, Date

Pastor Signature, Date