

PAYROLL AUTHORIZATION FORM

NEW EMPLOYEE ☐ REVISION ☐ REMOVAL ☐ EFFECTIVE DATE _____
NAME _____ DATE OF BIRTH _____
SSN _____ MARITAL STATUS _____ EXEMPTIONS _____

POSITION _____ DATE OF HIRE _____ DATE OF CHURCH COUNCIL ACTION _____
STATUS FULL TIME ☐ PART TIME ☐ NO. OF MONTHS/YEAR _____
MINISTER OF THE GOSPEL? YES ☐ NO ☐ HOURS/WEEK _____

REMUNERATION	PER PAY PERIOD	ANNUALLY
SALARY	\$ _____	\$ _____
HOUSING ALLOWANCE	_____	_____
OTHER	_____	_____
TSA	_____	_____
TOTAL \$	_____	\$ _____

RATE: HOURLY \$ _____ WEEKLY \$ _____ MONTHLY \$ _____

AUTO EXPENSES REIMBURSE _____ CENTS PER MILE or _____ MONTHLY ALLOWANCE

DEDUCTIONS PER PAY PERIOD (YES, NO OR AMOUNT)
FEDERAL INCOME TAX _____
SOCIAL SECURITY TAX _____
MEDICARE TAX _____
STATE INCOME TAX _____

TSA _____
All-Cause Accident _____
Local Income Tax _____

CONCORDIA PLANS OR OTHER HEALTH PLANS

ELIGIBLE YES ☐ NO ☐
BASIS: RETIREMENT FULL ☐ REGULAR ☐
HEALTH COVERAGE OPTION: _____
SURVIVOR/DISABILITY FULL ☐ REGULAR ☐
ENROLLED IN ALL-CAUSE ACCIDENT YES ☐ NO ☐

FORMS COMPLETED

CONCORDIA PLAN SERVICES YES ☐ NO ☐
ENROLLMENT FORMS
W-4 WITHHOLDING ALLOWANCE CERTIFICATES YES ☐ NO ☐
I-9 EMPLOY. ELIGIBILITY VERIFICATION YES ☐ NO ☐
NEW HIRE REPORTING YES ☐ NO ☐
STATEMENT TO EMPLOYEE THAT NO UNEMPLOYMENT INSURANCE IS AVAILABLE YES ☐ NO ☐
OTHER _____

PERMANENT MAILING ADDRESS

STREET _____
CITY/STATE _____ ZIP _____
TELEPHONE _____

IN CASE OF EMERGENCY

STREET _____
CITY/STATE _____ ZIP _____
TELEPHONE _____

COMPLETED BY:

SIGNED _____
TITLE _____ DATE _____

APPROVED BY:

SIGNED _____
TITLE _____ DATE _____