

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 _____	TSA _____
SOCIAL SECURITY TAX _____	All-Cause Accident _____
MEDICARE TAX _____	Local Income Tax _____
STATE 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 ENROLLMENT FORMS YES NO

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