

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 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