

## NEW EMPLOYEE INFORMATION

**Complete this form for each employee and return as one PDF per employee with the follow forms attached:**

- Direct Deposit Form and Bank Documentation (if applicable)
- Form W-4 (VERY IMPORTANT: Pastoral employees must complete bottom section of W-4)
- Form I-9
- House Allowance Form (if applicable)

Payroll Manager, please complete the entire form.

<i>General Information</i>			
Full Legal Name		Hire Date	
Address		Birth Date	
City, State Zip		SSN or EIN	
Job Title/Department		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Email Address (required)			
Payroll Coding		<- Department	
		<- Account	

<i>Direct Deposit Information</i>	
Will this employee be paid by direct deposit?	<input type="checkbox"/> Yes, please attach direct deposit form and bank documentation <input type="checkbox"/> No (Client will prepare and send manual checks based on payroll reports provided)

<i>Tax Forms</i>
Please complete and attach the following forms:
<input type="checkbox"/> Form W-4 (VERY IMPORTANT: Pastoral employees must complete bottom section of W-4)
<input type="checkbox"/> Form I-9
<input type="checkbox"/> Housing Allowance Form (if applicable)

<i>Pay Information</i>			
What type of pay does this employee receive?			
<input type="checkbox"/> Hourly	\$_____ / Hour	<input type="checkbox"/> Salary	\$_____ / Year
<input type="checkbox"/> 2 <sup>nd</sup> Hourly	\$_____ / Hour	<input type="checkbox"/> Housing (Cash)	\$_____ / Year
<input type="checkbox"/> Hourly Overtime	\$_____ / Hour	<input type="checkbox"/> Housing (In Kind)	\$_____ / Year
<input type="checkbox"/> Holiday Pay	\$_____ / _____	<input type="checkbox"/> Phone Allowance	\$_____ / Year
<input type="checkbox"/> Bonus	\$_____ / _____	<input type="checkbox"/> Car Allowance	\$_____ / Year
<input type="checkbox"/> Other	\$_____ / Pay Period	<input type="checkbox"/> Pastor FICA Allowance	\$_____ / Year

<i>Deduction Information</i>			
Select the deductions that apply and enter the \$ or % amount to be deducted from each paycheck			
Deduction	Amount	Deduction	Amount
<input type="checkbox"/> Pre-tax Medical	\$_____ / Pay Period	<input type="checkbox"/> 401K	% or \$_____ / Pay Period
<input type="checkbox"/> Pre-tax Vision	\$_____ / Pay Period	<input type="checkbox"/> 403b	% or \$_____ / Pay Period
<input type="checkbox"/> Pre-tax Dental	\$_____ / Pay Period	<input type="checkbox"/> Other _____	% or \$_____ / Pay Period

<b>Deduction Information Continued</b>			
<input type="checkbox"/> Taxable Medical	\$ _____ / Pay Period	<input type="checkbox"/> Other _____	% or \$ _____ / Pay Period
<input type="checkbox"/> Taxable Vision	\$ _____ / Pay Period	<input type="checkbox"/> Employer Retirement Contribution?	% or \$ _____ / Pay Period
<input type="checkbox"/> Taxable Dental	\$ _____ / Pay Period		
Is this employee subject to wage garnishments, such as a federal tax or child support garnishment? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach copies of all garnishment orders including \$ _____ / Pay Period			

<b>Time Off Information</b>	
<i>If this employee earns paid time off, complete the section below; otherwise, leave blank.</i>	
<b>Sick Pay</b>	
No. of hours earned per year:	
Maximum hours accrued per year (if any):	
Current balance as of Date _____:	
How are hours accrued:	<input type="checkbox"/> Annual Grant on January 1 <input type="checkbox"/> Annual Grant on Anniversary of Date of Hire <input type="checkbox"/> Accrual Per Payroll Period <input type="checkbox"/> Accrual Per Hour Worked
<b>Vacation Pay</b>	
No. of hours earned per year:	
Maximum hours accrued per year (if any):	
Current balance as of Date _____:	
How are hours accrued:	<input type="checkbox"/> Annual Grant on January 1 <input type="checkbox"/> Annual Grant on Anniversary of Date of Hire <input type="checkbox"/> Accrual Per Payroll Period <input type="checkbox"/> Accrual Per Hour Worked

<b>Notes</b>
<i>Please provide any additional information that might be helpful.</i>