



PAYROLL INFORMATION/CHANGE FORM

1. Employee Information:

Employee Name _____ Effective Date _____
 Address _____ Phone _____
 _____ Date of Birth (mm/dd/yr) _____
 Social Security No. _____

2. Employment Information Changes: New Hire Termination Changes

Name of Parish: _____
 Date of hire: _____ Full-time(≥30hrs/wk) Part-time (<30hrs/wk)
 Position: _____
 Classification: Exempt (salaried) Non-exempt (hourly)
 Comments: _____

3. Payroll Information/Changes:

Attach copy of W-4 form
 Attach copy of I-9 form and supporting documentation
 Rate of pay: Semi-Monthly \$ _____ Hourly \$ _____
 Retirement or AFLAC, please attach supporting documentation and deduction authorization forms:

<u>Type of deduction</u>	<u>Amount of deduction/month</u>	<u>Increase/Decrease</u>
1. AFLAC	\$ _____	_____
2. Retirement Contribution- Employee <input type="checkbox"/> VALIC <input type="checkbox"/> MetLife	% _____	_____
3. Retirement Contribution- Employer (Eligible after 1 year of service)	% _____	_____
4. Garnishment/Other: _____	\$ _____	_____

4. Priest Payroll Information/Breakout:

Base \$ _____
 Anniversary \$ _____ (No. years x \$10.00 per month or x \$5.00 for bi-month.)
 Auto Allowance \$ _____
 Housing Allowance \$ _____
 Food allowance \$ _____
 Total Pay: Semi-Monthly \$ _____ Monthly \$ _____

Employee: Printed Name: _____
 Signature: _____ Date: _____

Parish
Representative: Printed Name: _____ Date: _____
 Signature: _____ Title: _____