

2017 PAYROLL AUTHORIZATION for Diocesan Payroll Service
 NEW HIRE or CHANGE

Employee Name: _____ **DOB:** _____ **PR Eff Date**:** _____

**Paychecks issue on 15th & last date of each month. Payroll figures are entered into the system when received. If you intend the change to be for a date that has passed or is mid-period you must calculate the adjustment and send instruction for pay adjustment via the Timesheet for Diocesan Payroll.
Payroll adjustments are not calculated by the payroll office.

Employer: _____ **Parish Code:** _____

Estimated hours per pay period: _____

(To calculate hours per pay period multiply weekly hours by 52 weeks then divide by 24 pay periods. For example the hours per pay period for a part-time employee working 25 hrs/week = 54.16hrs per pay period. [25x52/24=54.16] This unique data is required for all hourly or salaried employees in order to comply with Affordable Care Act reporting.)

Check One (refer to http://www.dir.ca.gov/dlse/faq_overtimeexemptions.htm for guidance on exempt or non-exempt status)
 Exempt (not entitled to overtime pay per FLSA) **OR** **Non-Exempt** (entitled to overtime pay per FLSA)

Clergy Payroll:

Allocate earnings to each category of compensation to be paid. Calculate Per Pay Period figures as well as Annual.

Clergy minimum compensation guidelines are posted online: www.diocal.org/pba

Compensation Category ↓	Annual Figures ↓	Per Pay Period ↓ (annual / 24) <small>These are the figures used by payroll office</small>
A. Salary / Stipend (all taxable income)	\$ _____	\$ _____
B. Housing Allowance <small>(requires vestry / board resolution prior to first payment)</small>	\$ _____	\$ _____
A+B = C: TOTAL COMPENSATION <small>(Verify annual figure meets or exceeds clergy compensation minimums for 2017)</small>	\$ _____	\$ _____

Any ordained person (deacon or priest working in any capacity) is eligible for a housing allowance and their total compensation is to be assessed 18% pension per national canons.

Lay Employee:

EITHER: Hourly Rate: \$ _____ & provide an estimate of employee's total annual pay: \$ _____

OR:

Compensation **Per Pay Period** \$ _____ * **Annual Salary:** \$ _____ *
(Annual ÷ 24) (per pay period x 24)

FYI – regarding employee pretax payroll deductions:

- Clergy or Lay retirement plan contributions continue without disruption until a change form is filed by employee & employer.
- Deductions for medical insurance premiums or FSA contributions require an authorization form each year. Go to www.diocal.org/pba for 2017 forms

Payroll Data Authorized by: _____ **Date:** _____

Phone or Email: _____

KEEP ORIGINALS FOR EMPLOYEE PERSONNEL FILE ON SITE Return completed form by fax: 415-673-4863 or email: sarahc@diocal.org