2018 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-pay 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.

Compensation Category ↓	Annualized (Per Pay Period x 24) Figures ↓	Per Pay Period ↓ (annual ÷ 24) These are the figures keyed into the payroll system
A. Salary or Stipend (taxable income) ~ A minimum of $1.00 must be paid for a check to be issued ~ Stipend amount must meet or exceed employee's pre-tax payroll deductions. If amount listed does not cover employee's requested deductions the payroll office will reallocate as needed.	$	$
B. Housing Allowance (requires vestry / board resolution prior to first payment)	$	$
A+B = C: TOTAL COMPENSATION (annual total must meet or exceed clergy compensation minimums for 2018)	**$**	**$**

Lay Employee:

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

OR:

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

FYI – regarding employee pretax payroll deductions:

1. Clergy or Lay retirement plan contributions continue without disruption until a change form is filed by employee & employer.
2. Deductions for medical insurance premiums or FSA contributions require an authorization form each year. Go to www.diocal.org/pba for 2018 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

office use only: ☐MLPS_____ ☐EBDB_____ ☐PR_____