# 2024 PAYROLL AUTHORIZATION for Diocesan Payroll Service ☐ NEW HIRE or ☐ CHANGE

**Employee Last Name:** _____  **First Name:** _____  Effective Date**: _____

**Paychecks are issued semi-monthly (24x/year). Refer to the payroll calendar to coordinate pay date changes. If the effective date is retroactive, the employer needs to report adjustments to the payroll administrator through the worksheet for reporting hours/adjustments each pay period.
**Payroll adjustments are not calculated by the payroll office.**

**Estimated hours/week** This data is required for all hourly or salaried employees to comply with the Affordable Care Act reporting.

**Circle One**  **< 20hrs/week**  **at least 20 but < 30 hrs/wk**  **at least 30 hrs/wk**

**Check One**  ☐ **Exempt** (not entitled to overtime pay) **OR** ☐ **Non-Exempt** (entitled to overtime pay)
(refer to the *California Division of Labor Standards Enforcement's* website at dir.ca.gov/dlse for guidance on exempt or non-exempt status)

## Lay Employee Compensation

*California law states that an employer **cannot** pay someone on salary, even if they are otherwise eligible to be treated as "exempt from overtime," unless their total compensation is at least **double** the equivalent of **full-time** compensation at minimum wage.*

**\*Any lay employee (full or part-time) paid an amount equivalent to <u>less than $66,560 (annualized)</u> should be paid an hourly rate, maintain timecards for employer to report hours for pay on the semi-monthly worksheet for Diocesan Payroll. Paychecks will be issued when hours are reported by employer to the Diocesan Payroll Service. If you establish employee compensation as an amount per pay period that is less than <u>$66,560 annualized</u> it is understood that you are treating that employee as hourly / non-exempt, maintaining timecards locally and reporting wage adjustments as needed.**

**EITHER:**

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

**OR:**

**Stipend Amt. Per Paycheck:** $ _____ * & **Annual Compensation**: $ _____ *
(Annual ÷ 24)  (per pay period x 24)

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### Clergy Payroll – Cash Compensation
**(does not include value of church provided housing: *i.e.* a rectory or parsonage that may contribute to TAC for pension purposes)**

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

**OR:**

| | **Annualized** (Per Paycheck x 24) **Figures** ↓ | **Per Paycheck** ↓ (annual ÷ 24) These are the figures keyed into the payroll system |
|---|---|---|
| **A: Amount allocated as Salary / Stipend – this does not include the housing allowance** <br> Stipend amount must meet or exceed any pre-tax payroll deductions. If amount listed here does not cover employee's requested deductions, the payroll office will reallocate as needed | $ _____ (minimum of $24.00 required) | $ _____ (minimum of $1.00 required) |
| **B. Amount allocated as Housing Allowance** <br> This requires a vestry / bishop's committee resolution passed and recorded in the minutes. Resolution must be passed prior to first payment. | $ _____ | $ _____ |
| **A + B = C: TOTAL COMPENSATION** | $ _____ | $ _____ |

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**Employing Entity Name/ City:** _____  **Parish Code:** _____

**Employer's authorization signature:** _____  **Date:** _____

**Printed name** _____  **phone or email:** _____

**KEEP ORIGINALS FOR EMPLOYEE PERSONNEL FILE ON SITE Return completed form by email to: sarahc@diocal.org**

office use only: ☐MAP_____ ☐EBDB_____ ☐PR_____