



the
**EPISCOPAL
CHURCH in**
WESTERN OREGON

EMPLOYEE WORKSHEET

Diocesan Payroll Service

Please send the completed form, with required attachments, to the diocesan office.

New Hire

Termination

Status Change

Faith Community information

Faith Community: _____ Location: _____

Employee information (Please write clearly)

Name: _____

Mailing Address: _____ City, State, Zip _____

Social Security Number: _____ - _____ - _____ Date of Birth _____

Phone Number: _____ Email _____

(Needed to initiate background checks)

Position Title: _____ Full-Time ____ or Part-Time ____ Date of Hire: _____

Benefits: Eligible for Benefits (20+ hours a week): Yes ____ *(complete Medical Enrollment form)* No ____

Vacation: Yes ____ No ____ Hours accrued per pay period (month): _____

Sick Leave: Yes ____ No ____ Hours accrued per pay period (month): _____

The Treasurer or authorized official authorizes the diocesan office to pay the above employee at the stipulated rate beginning with the pay period following date of hire.

APPROVED BY: _____ **SIGNATURE:** _____

Please attach the following to this form:

- Completed W-4 form** MANDATORY (for Federal income tax withholding)
- Compensation Worksheet**
- Completed I-9 form** MANDATORY signed by employee & the authorized representative (at the church level) with photocopies from the lists of acceptable documents.
- Voided check(s)** for direct deposit
- Housing allowance letter** (for clergy staff only)

Status Change Effective Date: _____	
Salary change: per (month/hour)	
Old: \$ _____	New: \$ _____
Number hours worked: per (month)	
Old: # _____	New: # _____
Change in position or title:	
Old: _____	New: _____

Termination	
Effective Date: _____	
Last workday: _____	
Reason for termination:	



the
EPISCOPAL
CHURCH in
WESTERN OREGON

COMPENSATION WORKSHEET

Name _____ Effective Date _____

LAY EMPLOYEES

Fill in one blank below:

\$ _____ Monthly salary or \$ _____ per hour
_____ # hours per month

CLERGY

Complete this worksheet. Use **annual** figures.

Annual salary/stipend	(A)	\$ _____
Cash housing allowance <u>or</u>	(B)	\$ _____
Fair rental value of church housing		
Plus utilities (C) \$ _____		
Subtotal (A+B <u>or</u> A+C)	(D)	\$ _____
FICA reimbursement (D x 0.0765)	(E)	\$ _____
Non-accountable allowances	(F)	\$ _____
Total Cash Compensation (A+B+E+F)	(G)	\$ _____

By law clergy are exempt from the Federal and State withholding requirement to which lay employees are subject.

However, a cleric may elect to have either Federal, or State, or both withheld if desired. You may also have an additional amount of Federal income tax withheld to cover your self-employment tax obligation. If you have your taxes withheld, you will not need to file quarterly estimated tax returns. You have three choices. Please choose one.

1) Withhold all taxes – our recommended option

_____ In addition to withholding all income taxes according to the exemptions on my W-4, please withhold additional Federal income tax of \$ _____ per year to cover my SE tax obligation.

2) Withhold no taxes

_____ I choose to have no taxes withheld.

I will file quarterly estimated tax returns for Federal, State, and local taxes

3) Withhold Federal and/or State and local income taxes only

_____ Please withhold Federal income taxes according to the exemptions on my W-4.

_____ Please withhold State income taxes according to the exemptions on my W-4.