**EMPLOYEE WORKSHEET**

**Diocesan Payroll Service**

**Faith Community information:**

Name of Church to be billed under: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Location Employee will work at: **□** (check box if location and church are the same)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salutation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_ Prior Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Full-Time □ Part-Time □ Temporary (choose all that apply)

Effective Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Benefits:** Eligible for Benefits (20+ hours a week, 1,000 hours a year): **□** Yes **(*complete Benefits Selection form*)**

Vacation: Yes **□**  No □Hours accrued per pay period (month): \_\_\_\_\_\_\_\_\_\_\_ (□ calendar □ Anniversary)

Sick Leave: Yes □No □ Hours accrued per pay period (month): \_\_\_\_\_\_\_\_\_\_\_ (□ calendar □ Anniversary)

Sick/Vacation amount to roll over (# of hours): Sick: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaca:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lay Defined Contribution (DC) Plan – 57163 (Mandatory if working more than 1,000 hours, employee is eligible for a base match per the adoption agreement)

Percentage ***Employer***Match: \_\_\_\_\_\_\_\_\_ Percentage ***Employee*** Contribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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.*

**Name of Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# COMPENSATION WORKSHEET

**Diocesan Payroll Service**

Employee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **CLERGY**  Complete this worksheet. Use **annual** figures.   1. **Expected Hours per month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Annual salary/stipend (A) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cash housing allowance **or**  (B) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fair rental value of church housing  Plus utilities (C) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subtotal (A+B **or** A+C) **(D) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  FICA reimbursement (D x 0.0765) (E) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-accountable allowances (do not include reimbursement, such as moving  expenses or pay with a requirement of receipts to be turned in) (F) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **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 check one.   1. **□ Withhold all taxes – Federal/State/SECA**   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.   1. **□ Withhold no taxes-** I choose to have no taxes withheld. I will file quarterly estimated tax returns for Federal, State, and local taxes 2. **□ Withhold BOTH Federal and/or State and local income taxes only**   OR (choose one)  **□**  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 |  |
| **LAY EMPLOYEES**  Fill in one blank below:  Monthly Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Amount per hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  # of Hours per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Average hours per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**REQUIRED FORMS**

**Please attach the following to this form:**

**□** [**Completed W-4 form**](https://www.irs.gov/pub/irs-pdf/fw4.pdf) MANDATORY (for Federal income tax withholding)

**□** [**Completed** Form OR-W-4](https://www.oregon.gov/dor/forms/FormsPubs/form-or-W-4_101-402_2024.pdf) MANDATORY (for State income tax)

**□ [Completed I-9 form](https://www.uscis.gov/sites/default/files/document/forms/i-9.pdf)** 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 (if voided check is not included, prenotification is used to validate a bank account. The Name on Account, Routing Number and Account Number are used for validation. When validation is enabled, it may take up to 14 business days from the Prenotification Validation Date before direct deposit accounts will receive funds.)

**□ Employee Diocesan Worksheet: completed in full on both pages *and* one of the following 2 documents:**

1. **A Signed Letter of Agreement designating the amount of the housing allowance (the total salary must indicate the portion to designate to housing), *or***
2. **The Vestry minutes with the Housing Allowance designation and approval by the Vestry.**

**□ Benefits Selection Form (Church Pension Group)**

**□ Copy of Covenant of Ministry (Clergy only)**