



the
EPISCOPAL CHURCH
in WESTERN OREGON

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:** _____



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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) \$ _____

2. **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.

3. **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.

4. **Withhold no taxes-** I choose to have no taxes withheld. I will file quarterly estimated tax returns for Federal, State, and local taxes

5. **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: _____



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REQUIRED FORMS

Please attach the following to this form:

- Completed W-4 form** MANDATORY (for Federal income tax withholding)
- Completed Form OR-W-4** MANDATORY (for State income tax)
- 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 (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:**
 - a. **A Signed Letter of Agreement designating the amount of the housing allowance (the total salary must indicate the portion to designate to housing), *or***
 - b. **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)**