

Church Name _____

Ordained Employee Information Sheet

New Hire, Change, Re-hire

Social Security Number _____ Employee # _____

Name: Last _____ First: _____ MI _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone #: _____ Birth Date: ____/____/____ Gender: _____

Department: _____ Status Full Time Part Time Other _____

Hire Date: ____/____/____ Re-hire Date: ____/____/____ Term Date: ____/____/____

Email Address _____ @ _____ Job Position _____

Pay Rate Information

Only use this employee information sheet if you are **ordained.**

Pay Frequency: Weekly, Bi-Weekly, Semi-Monthly, Monthly

Clergy Earnings: \$ _____ per Pay Period First Pay Amount if Prorated: \$ _____

Housing Allowance: \$ _____ per Pay Period First Pay Amount if Prorated: \$ _____

Auto Allowance: \$ _____ per Pay Period First Pay Amount if Prorated: \$ _____

_____ Allowance: \$ _____ per Pay Period First Pay Amount if Prorated: \$ _____

Tax Information

It is a minister's choice whether Federal Withholding Taxes are deducted or not.

W-4 Filing Status: Single or Married Filing Separately Married Filing Jointly Head of Household Step 2-C Higher

W-4 Total Dependents Tax Credit: _____ Other Income: _____ Deductions: _____

Or

Block (Exempt) Flat Amount/Percent (\$, %) _____ Additional Amount/Percent (\$, %) _____

State Filing Status: Single, Married, Married w/h at Single Rate; Number of Allowances _____

Or

Block (Exempt) Flat Amount/Percent (\$, %) _____ Additional Amount/Percent (\$, %) _____

Direct Deposit Information

Bank Routing #: _____ Account #: _____

Account Type: Checking Savings Money Market

Deduction Information

Deduction _____ Amount _____ per _____

Deduction _____ Amount _____ per _____