

KANSAS-NEBRASKA CONFERENCE OF SDA LOCALLY FUNDED PERSONNEL PAYROLL REPORT

School or Church : _____

Name of Employee : _____

Address: _____

Check if New Address:

Position: _____

Telephone: Work : _____ Home : _____

Payroll for the Month Of : _____ 20____ Employee # _____

	Total			
Regular Hours _____	x	Rate _____	=	
Vacation Hours _____	x	Rate _____	=	
Holiday Hours _____	x	Rate _____	=	

TOTAL PAY _____
674150- -10-111810-OE

Plus :	Employers Portion of FICA	7.65%	\$ _____ 674150- -10-111810-OE
	Clerical Worker's Comp	1.00%	\$ _____ 674150- -10-111810-OE
	Non-Clerical Worker's Comp	5.00%	\$ _____ 674150- -10-111810-OE
	Retirement Plan Contribution* **Only for approved employees	3.00%	\$ _____ 674150- -10-111810-OE

Note: If local school or church employees work half time or 1000 hours or more per year, retirement **must** be paid on their behalf.

TOTAL _____

Signature of Authorized Person from local entity: _____

*A check for the total, time sheet, and this payroll form must be in the office by the 22nd of the month for the employee to be entered into the payroll system. If it is a new employee: **Completed W-4 and I-9 forms must be submitted and approved prior to receiving pay.***

* Subject to Change