

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 # _____

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

Total

TOTAL PAY \$ _____

Plus :	Employers Portion of FICA	7.65%	\$ _____
	Clerical Worker's Comp	1.00%	\$ _____
	Non-Clerical Worker's Comp	5.00%	\$ _____
	Full-time Employee Medical	\$850	\$ _____
	Full-time Employee Retirement	5.00%	\$ _____
	Retirement Plan Matching Contribution*	3.00%	\$ _____
	<small>**Only for employees contributing 3% to retirement</small>		

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