

# Personnel Action Notice

Please print (Blue Form)

Add new employee

Change existing employee

One-time change

Name of Organization: \_\_\_\_\_

Employee's Full Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ \*\*Hire or Rehire: \_\_\_\_/\_\_\_\_/\_\_\_\_ (\*\*required for new hire reporting)

Position/title: \_\_\_\_\_ Termination date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First paycheck/pay date for change to be effective: \_\_\_\_\_

Wages and benefits are to be charged to account number: \_\_\_\_\_

Frequency of pay:  Weekly  Bi-weekly  Semi-monthly  Monthly

Employee type:  Salary/exempt from overtime  Salary/not exempt from over-time  Hourly

## Regular staff (Non-Ministerial)

Annual salary: \_\_\_\_\_ **or** Hourly Rate: \_\_\_\_\_ Direct Deposit: \_\_\_ Y \_\_\_ N  
(If yes, attach Direct Deposit form)

Federal Marital Status  M  S # of Exemptions: \_\_\_\_ Optional additional withholding: \_\_\_\_\_  
State Marital Status  M  S # of Exemptions: \_\_\_\_ Optional additional withholding: \_\_\_\_\_

----- **OR** -----

## Licensed or Ordained Ministerial Staff Only- All amounts annualized

Annual Base Salary not including housing allowance: \_\_\_\_\_

Annual Housing Allowance: \_\_\_\_\_

Total annual housing and salary..... \_\_\_\_\_

Optional Annual FICA/Social Security reimbursement: \_\_\_\_\_

Direct Deposit?

Optional Annual Federal withholding deduction: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No

Optional Annual State withholding deduction: \_\_\_\_\_

(If yes, attach form)

## Employee deductions to be deducted from their paycheck:

Health insurance amount: \_\_\_\_\_ Taken out:  weekly  bi-wkly  semi-mnthly  mnthly

Retirement amount: \_\_\_\_\_ Taken out:  weekly  bi-wkly  semi-mnthly  mnthly

Life insurance amount: \_\_\_\_\_ Taken out:  weekly  bi-wkly  semi-mnthly  mnthly

Other \_\_\_\_\_ amount: \_\_\_\_\_ Taken out:  weekly  bi-wkly  semi-mnthly  mnthly

\* \* Special notes/changes/one-time amounts/explanations and/or instructions:

Authorized Approval: \_\_\_\_\_ Date: \_\_\_\_\_

