

Southern New England Conference of Seventh-day Adventists

PO Box 1169, South Lancaster, MA 01561

LOCAL PAYROLL REPORT—FULL TIME EMPLOYEES

(978) 365-4551

⇒ Attach completed I-9, W-4, Salary Reduction/Beneficiary Designation Form w/ 1st report

⇒ Submit Check & Time Card with each report

PLEASE PRINT CLEARLY

Report for Month of _____

Employee Full Name _____ Job Title _____

Mailing Address _____

City/State/Zip _____

Check if new address

Employee Retirement Contribution %

Office Use Only: ID#

PAY CALCULATION:

MONTHLY FIXED SALARY (Hours Worked this Period) \$ _____ Salary Pay

OR HOURLY BASIS: Hours Worked _____ x Hourly Rate \$ _____ = \$ _____ Hourly Pay
(Hours must match Time Card total)

Employer (local organization) portion of Social Security \$ _____ x .0765 = \$ _____ FICA
(FICA) (Pay Amount)

Employer Contribution Retirement (See note 3 below) \$ _____ x .05 (5%) = \$ _____ Employer Contribution
(Amount)

Retirement Matching (If applicable/ See note 4 below) \$ _____ x = \$ _____ Retirement Matching
(Pay Amount) (3% Max./0300)

**Workers Compensation (see table below) \$ _____ x = \$ _____ Workers Compensation
(Pay Amount)

TOTAL REMITTANCE TO CONFERENCE (Check Enclosed) \$ _____ DUE CONFERENCE

NOTE-The Local Organization Should Understand the following:

- 1. Payment must be made with this report
2. If no payment is received or is late, no paycheck can be made until the following payroll. These workers are not eligible for payroll advances.
3. Employers must contribute to the Adventist Retirement Plan an amount equal to 5% of full-time employee's pay.
4. Employees may also contribute to the Adventist Retirement Plan. If they do, the employer must match their contributions up to 3% of their pay. (Employee may contribute more if they wish, but the employer will only match up to 3%.) Employees wishing to contribute to their retirement account must submit a completed Salary Reduction Agreement & Beneficiary Designation Form (available from the conference office).

** Workers Compensation Table estimates based on work hazards as follows:

- Office Workers01
- Janitor/Maintenance/Grounds/Physical Labor07
- Bus Driver17

These are final rates. You will not receive adjusted billing for any changes.

Organization Submitting Report _____

Full Address _____

Authorized Signature & Title _____

Signature of Pastor, Treasurer, Principal, or School Board Chairman (not the employee)

Full-Time Employee Time Card

Employee Name _____

Dates Worked From _____ *to* _____
(MM/DD/YR) MM/DD/YR

NOTE: THIS TIME CARD MUST BE COMPLETED & SUBMITTED WITH EACH PAYROLL REPORT

DAY	TIME IN	TIME OUT	# HOURS WORKED
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL HOURS WORKED			

I certify that I have reported on this time sheet all working time during each work week of this payroll period, and that I have not omitted any hours worked, including any overtime hours, from this time sheet. I understand that false, misleading, or omitted information on this report can result in termination of employment.

Employee Signature _____ Date _____