

Personnel Action Notice

Updated February 2020
Please print on blue paper.

- ☐ **Add new employee**
☐ **Change existing employee -**
*only need to fill out info applicable
to the change.*

First paycheck/pay date
for change to be effective:

Direct Deposit?
☐ Yes ☐ No
(If yes, attach DD
authorization form)

Name of Organization: _____

Employee's Full Name: _____ SS#: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Employee's Email Address: _____ Birthdate: _____

Hire Date: _____ (required for employee setup) **OR** Termination date: _____

Position/Title: _____ Work Location: _____

Wages should be coded to account number: # _____ Department: _____

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

Regular staff (Non-Ministerial)

Annual salary: _____ or Hourly Rate: _____

Please attach Federal and State W-4's to this submission.

-- OR --

Licensed or Ordained Ministerial Staff Only

Annual Base Salary not including housing allowance: _____

Annual Housing Allowance: _____

Total annual housing and salary: _____

Optional Annual SECA/Social Security reimbursement: _____

Optional Annual Federal withholding deduction: _____

Optional Annual State withholding deduction: _____

Employee deductions to be withheld from their paycheck each pay period:

Health insurance amount: _____ Life insurance amount: _____

Retirement amount: _____ Other _____ Amount: _____

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

Authorized Approval: _____ Date: _____



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