

Kentucky-Tennessee Conference



Local Church/School Payroll Report Form
For
Part Time Bi-Weekly Payroll

Report for Pay Period _____ through _____

Employee Name _____

For change of address, complete this section.

Mailing Address _____

City/State/Zip _____

Job Description _____

Pay Per Hour _____

Hours Worked per pay period _____

Vacation Hours per pay period _____

Short Term Sick Hours per pay period _____

~See reverse side for important instructions~

=> Gross Wages..... _____ . _____

=> Employer Share of FICA (7.65% of Gross Wages)..... _____ . _____

=> Worker's Compensation (4% of Gross Wages)..... _____ . _____

Complete line below if employee fulfills requirements listed in 7a on reverse side.

=> Retirement—Employer Basic (5% of Gross Wages)..... _____ . _____

Complete line below if employee fulfills requirements listed in 7b on reverse side.

=> Retirement—Employer Match (3% of Gross Wages)..... _____ . _____

TOTAL AMOUNT DUE TO PAYROLL CENTER..... _____ . _____

Submitting Organization _____

Authorized By _____

Kentucky-Tennessee Conference of Seventh-day Adventists TIME SHEET

To be completed by hourly non-exempt employees

Instructions

1. Non-exempt employees must record their actual time worked and starting/stopping times for each work day. If an employee's working time is interrupted by a partial-day or full work day absence (e.g., medical appointment), the employee must record the actual time of leaving and returning to work.
2. Employees whose scheduled unpaid meal break is interrupted by work must record actual time worked and have that entry initialed by their supervisor.
3. Employees are expected to accomplish their duties within scheduled work hours. Any overtime required to accomplish assigned duties must be approved in advance by the supervisor.

Employee Name: _____
 Location: _____
 Position: _____
 Week 1 For Week / / to / /

Please indicate a for a.m. and p for p.m.

Day of Week	Date	Task(s) performed	Start hh:mm	End hh:mm	Start hh:mm	End hh:mm	Start hh:mm	End hh:mm	Start hh:mm	End hh:mm	Start hh:mm	End hh:mm	Enter Any Working Lunch		Total hrs.
													Start hh:mm	End hh:mm	
EXAMPLE:	1-Jan	Budget Spreadsheet	09:30a	12n											2.5
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday															
Total Hrs Worked Week 1:															
Week 2 For Week <u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u>															
Day of Week	Date	Task(s) performed	Start hh:mm	End hh:mm	Start hh:mm	End hh:mm	Start hh:mm	End hh:mm	Start hh:mm	End hh:mm	Start hh:mm	End hh:mm	Start hh:mm	End hh:mm	Total hrs.
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday															
Total Hrs Worked Week 2:															

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 report. I understand that false, incomplete, misleading, or omitted information on this time sheet can result in termination of employment.

Date _____ Employee Signature _____ Date _____ Supervisor Approval _____ Date _____

(The completed time sheet is to be retained by the Organization for at least three years from the date of completion).