



Locally-Funded Employee Payroll Form

Report for Payroll Period: _____

Employee Name _____

Job Description _____

Hourly Rate	(Please update changes in BambooHR - "Request a Change" under "Compensation")	_____	New Rate
Hours Worked		_____	
Holiday Hours		_____	
Vacation Hours		_____	
Short Term Sick Hours		_____	
Long Term Sick Hours		_____	
Total Hours		_____	
Gross Wages		_____	

Employer Share of Fica 7.65% of Gross Wages _____

Workers Compensation 4% of Gross Wages _____

20+ Hours per Week

Employer Portion Basic Retirement 5% of Gross Wages _____

Employer Portion Retirement Match 3% of Gross Wages _____

FULL TIME - 30+ Hours per Week

Employer Portion Healthcare Expense _____

Employer-Funded Basic Life Insurance _____

Employer-Funded Long Term Disability 0.343% _____

SUBTOTAL _____

Part-time Bible Workers Only

Enter as a negative number

Less Conference Subsidy (Subtotal X 0.333 = _____

(Max. of \$140 per Bi-weekly Payroll Period)

TOTAL AMOUNT DUE TO PAYROLL CENTER - TREASURY DEPT. _____

Church or School _____

Authorized By _____

Email completed form to treasury@kytn.net

Please update any changes in compensation, employment status or job information under the "Request a Change" option in BambooHR.

Questions: Contact Human Resources at 615-448-1029 or hr@kytn.net