Reset Form

TRINITY FELLOWSHIP™

Payroll Additions & Changes Form

Employee Information

TF Employee: _____ Today's Date: _____

TF Campus: * _____ Effective Date of Change: _____

Paycheck Date Change will occur: _____

Is this person a licensed Minister? ☐ Minister ☐ Non-Minister

Is this person exempt from over-time laws? ☐ Exempt ☐ Non-Exempt

Job Information

Job Title / Position:			
Work Status:	☐ Full-Time	☐ Part-Time	☐ Temporary
Pay Rate:	Annual:	Hourly:	
Home Department:			
Budget Account Code(s):			

Reason for Change

☐ New Hire Start Date:
☐ Re-Hire Start Date:
☐ Resignation / Separation
Effective Date:

☐ Merit Increase
☐ Bonus
☐ Add Pay Code / Change Dept.

☐ Leave of Absence (LOA) – ***Explain Below***
☐ Layoff
☐ Other – ***Explain Below***

Explanation

_____

Approvals

Dept. Head Approval: _____ Date: _____

Oversight Approval: _____ Date: _____ Print, Sign & Save

Personnel Approval: _____ Date: _____

Business Office Use Only

Compensation	*Date*	*Action*	*WC Code*	*P/R Entry (One Time)*	*P/R Entry (Permanent)*
Paycheck:					
Paycheck:					

N/C	*Payroll Deductions*	*Distribution* (ie. BA-Sec 125 Emp. Health Ins. Premium)	*Start Date*	*End Date*	*P/R Entry (One Time)*	*P/R Entry (Permanent)*
	Health Plan Premiums (Sec 125)					
	Elective Deferral 403(b) / Roth					
	Employee Garnishments					
	Flexible Benefits Plan					
	Supplemental Ins (after-tax)					
	Dental (pre-tax)					
	Vision (pre-tax)					

Entered By: _____ Date: _____