



**DIOCESE OF WESTERN MASSACHUSETTS  
CENTRAL PAYROLL AUTHORIZATION FORM**

Employee# \_\_\_\_\_ (Payroll Dept. use only)

CHURCH _____	EFFECTIVE DATE: ___/___/___
CITY/TOWN _____	NEW ___ CHANGE ___ TERMINATE ___

EMPLOYEE NAME _____	CLERGY ___ LAY ___
ADDRESS _____	*POSITION TITLE _____
CITY, STATE, ZIP _____	*(Required for Workers Comp. cvg.)

**COMPENSATION AND BENEFITS**

**1. CLERGY COMPENSATION AND BENEFITS**

- Annual Salary(Cash Stipend Only) \$ \_\_\_\_\_
- **Tax-Deferred Annuity/Housing Equity Allowance for Clergy in a Rectory**
  - \_\_\_% of salary to Clergy Hsg/TSA Equity Fund (Church Share) \$ \_\_\_\_\_
  - \_\_\_% of salary to Clergy Hsg/TSA Equity Fund (Employee Share) \$ \_\_\_\_\_
- Social Security Add-On \$ \_\_\_\_\_
- Share of Medical Insurance Premium Paid by Church \$/% \_\_\_\_\_  
(Please indicate dollar amount or percentage)
- Share of Dental Insurance Premium Paid by Church \$/% \_\_\_\_\_  
(Please indicate dollar amount or percentage)
- Required Items for Clergy Pension Calculation, please provide the items below:
  - If Rectory is Provided, please provide prior year actual Utility Costs \$ \_\_\_\_\_
  - If no rectory provided, please provide amount of cash hsg. allowance \$ \_\_\_\_\_

**2. LAY COMPENSATION AND BENEFITS**

- Annual Salary \$ \_\_\_\_\_
  - **Lay Pension – for eligible employees working 1,000 or more hours per year**
    - \_\_\_% Of Salary to Lay Pension (Church Share) \$ \_\_\_\_\_
    - \_\_\_% Of Salary to Lay Pension (Employee Share) \$ \_\_\_\_\_
  - Share of Medical Insurance Premium Paid by Church \$/% \_\_\_\_\_  
(please indicate dollar amount or percentage)
  - Share of Dental Insurance Premium Paid by Church \$/% \_\_\_\_\_  
(please indicate dollar amount or percentage)
  - Life Insurance Premium paid by Church (please see reverse) \$ \_\_\_\_\_
  - If employee is part-time, indicate hourly rate \$ \_\_\_\_\_ \*x \_\_\_\_\_ hrs/wk x 52 wks \$ \_\_\_\_\_
- If individual is not employed on a year-round basis, please indicate work year \_\_\_\_\_.*

**Additional information and signature of parish official required on reverse.**

**PAY FREQUENCY/TAX AND BENEFIT FORMS REQUIRED FOR  
CLERGY AND LAY EMPLOYEES**

**PAY FREQUENCY - Monthly or Semi-monthly option – please check one**

Monthly \_\_\_\_\_ (paid 4<sup>th</sup> Friday of each month)    Semi-monthly \_\_\_\_\_ (paid 2<sup>nd</sup> and 4<sup>th</sup> Fridays)

For employees paid on a semi-monthly frequency, the first payroll of the month covers the 1<sup>st</sup> and 2<sup>nd</sup> weeks of the month and the second payroll covers the 3<sup>rd</sup> and 4<sup>th</sup> weeks. For those employees that elect a monthly payroll frequency, the payroll that is received on the 4<sup>th</sup> Friday of the month covers the 1<sup>st</sup> through 4<sup>th</sup> weeks of the month.



**ATTACHMENTS (required for new employees):**

- ✓ Federal Withholding Tax Form W-4 \_\_\_\_\_
- ✓ Massachusetts Withholding Form M-4 \_\_\_\_\_
- ✓ Department of Justice Form I-9 \_\_\_\_\_
- ✓ Medical/Dental/Life Insurance Enrollment Forms \_\_\_\_\_ (for eligible employees)

***New Employees will be added to the payroll system once the appropriate tax forms are received.***

**OTHER ATTACHMENTS:**

- Direct Deposit Form \_\_\_\_\_
- Lay Pension Information \_\_\_\_\_ (mandatory for those working 1,000 hours annually) Please contact the Diocesan Human Resources Department at 1-800-332-8513, Ext. 120 or (413) 417-2429 or via email [solbon@diocesewma.org](mailto:solbon@diocesewma.org) to obtain enrollment information.

**LAY EMPLOYEE LIFE INSURANCE INFORMATION**

**100% of premium is paid by employing parish by resolution of Diocesan Convention.**

\$25,000 coverage (\$12.00 monthly premium) to be provided to employees working **20-27** hours and \$50,000 coverage (\$24.00 monthly premium) to be provided for employees working **28-40** hours. **Please contact the Diocesan Human Resources Department at 1-800-332-8513, Ext. 120 or (413) 417-2429 or via email [solbon@diocesewma.org](mailto:solbon@diocesewma.org) to arrange for enrollment in this coverage. The enrollment must be within 30 days of date of hire to be eligible.**



**Signature of Parish Official:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_