



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

***Massachusetts minimum wage effective 1/1/2021 is \$13.50/hour**

Employee# _____ (Payroll Dept. use only)

CHURCH _____ CITY/TOWN _____	EFFECTIVE DATE: __/__/__ NEW ___ CHANGE ___ TERMINATE ___
EMPLOYEE NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ EMPLOYEE EMAIL _____	CLERGY ___ LAY ___ *POSITION TITLE _____ *(Required for Workers Comp. cvg.) (Required for Paperless Payroll enrollment)

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 4th Friday of each month) Semi-monthly_____ (paid 2nd and 4th Fridays)

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