



CCMBC LEGACY FUND

Ministry-Focused Financial Services

Payroll Information Form

General Information

Church/Institution Name: _____

Employee Name: _____

Employee Address: _____

Employee Email Address: _____

Position Title: _____

Start Date: _____

Earnings Information

Employee is on Salary

Semi-Monthly Salary Amount \$ _____

Hours Worked Per Week _____

Employee is Paid Hourly

Works Set Hours Each Week _____ Hours/Week

Employee Will Submit a Timesheet
Hourly Rate \$ _____

Vacation Pay (%) _____

Paid Out Each Payroll

Accrued (paid when vacation taken)

Stat Holiday Pay (%) _____

Don't fill in vacation pay section if the employee takes time off with regular pay

**** Please include instructions on stat/holiday pay for part time employees. Example: A percentage of pay or special instructions in Comments section below****



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Group Insurance and Pension Information

Participation in the **Group Insurance** plan is mandatory for an employee who works 22 or more hours per week and who is hired for a minimum one year term. Please fill in the information. If applicable, the employee will receive an email from **Canada Life** inviting them to enroll in the benefits plan.

Email Address: _____

Number of people on Plan (including self): _____

Employee would like to participate in the pension plan. An application form will be sent to the employee by email.

The Group Insurance Costs are Split _____% Employee _____% Employer

Comments and Special Instructions

Authorization

Authorized Person's Name: _____

Signature: _____

Date: _____

Required Documents Included

- Payroll Information Form
- Federal TD1
- Provincial TD1
- Void Cheque or Account Number on Bank Letterhead

Once all forms are completed, please upload them to Sharepoint and notify your payroll contact.