

PAYROLL INFORMATION FORM

To be completed by the Employer

CHURCH/INSTITUTION NAME: _____

EMPLOYEE INFORMATION:

☐ New Employee OR ☐ Change to existing Employee's Salary/Hours

First Name: _____ Last Name: _____

Address: _____

Personal Email Address: _____

Position/Title: _____

☐ Permanent

☐ Term Position

Start Date (mm/dd/yyyy): _____ End Date (if known) (mm/dd/yyyy): _____

EARNINGS INFORMATION:

☐ Employee is on Salary

☐ Semi-Monthly Salary Amount: \$ _____

▪ # of Hours/Week: _____

☐ Employee is Paid Hourly

Hourly Rate \$ _____

☐ Works Set Hours Each Week

of Hours/Week _____

☐ Will Submit a Timesheet/Hours

STAT HOLIDAY PAY:

Please refer to your HR Manual in addition to your Provincial Employment Standards.

☐ Managed internally by the Employer (employee takes time off with regular pay)

☐ Paid out each payroll: _____ %

☐ Will advise the earnings amount to be paid out as Stat Holiday occurs

VACATION PAY: (2 weeks = 4%; 3 weeks = 6%; 4 weeks = 8%; 5 weeks = 10%; 6 weeks = 12%)

Please refer to your HR Manual in addition to your Provincial Employment Standards.

☐ Managed internally by the Church (employee takes time off with regular pay)

☐ Paid out each payroll: _____ %

☐ Accumulated & paid when vacation is taken

▪ Will advise Legacy Payroll Contact when vacation hours/days are taken

GROUP INSURANCE & PENSION PLAN INFORMATION:

Group Insurance

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. There is a 3-month waiting period. Eligible employees will receive an email from Canada Life inviting them to enroll in the benefits plan.

Number of People on Plan (including employee): _____

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

Group Pension

An employee will automatically be enrolled in the Pension Plan. There is a 3-month waiting period. Please note that the employee will have the opportunity to decline the pension plan once they have received an email from Canada Life.

COMMENTS & SPECIAL INSTRUCTIONS:

REQUIRED DOCUMENTS INCLUDED:

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

***Please ensure that the Social Insurance Number on both TD1s is legible.**

EMPLOYER AUTHORIZATION:

Authorized Person's Name (please print): _____

Signature: _____

Date (mm/dd/yyyy): _____

Please upload all paperwork to SharePoint and email your Payroll Contact