



Payroll Information Form

This form is to be completed by the Employer. Once all paperwork is finalized, please upload to SharePoint and email your payroll contact.

General Information

Church/Institution Name _____

Employee Name _____

Employee Address _____

Employee Personal Email Address _____

Position Title _____

Start Date _____

End Date (if known) _____

New Employee OR Change to Current Employee's Salary/Hours _____

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

Accumulated (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 instructions in **Comments and Special Instructions** (see second page)**

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. Eligible employees will receive an email from **Canada Life** inviting them to enroll in the benefits plan.

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 (please print) _____

Signature _____

Date _____

Required Documents Included

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