

The Free Methodist Church in Canada™

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 Email: payroll@fmcic.ca Website: www.fmcic.ca

The authorized individual completing this form gives consent to the collection, use and disclosure of the information for payroll purposes only.

CENTRAL PAYROLL - PAYROLL CHANGE NOTICE

To: Payroll Department, FMCiC

From: _____
 (church/camp/daycare name)

Employee Name: _____

THE CHANGE(S) : The first day that the following changes begin: _____

Check all Applicable Boxes	From	To
<input type="checkbox"/> Pay Rate (salary staff)	\$ _____ per pay	\$ _____ per pay
<input type="checkbox"/> Pay Rate (hourly staff)	\$ _____ per hour	\$ _____ per hour
<input type="checkbox"/> Standard Working Hours	_____ hours per week	_____ hours per week
<input type="checkbox"/> Housing Allowance (only CRA approved)	\$ _____	\$ _____
<input type="checkbox"/> Manse Allowance	\$ _____	\$ _____
<input type="checkbox"/> Utilities	\$ _____	\$ _____
<input type="checkbox"/> Vacation %		
<input type="checkbox"/> Pension % (Employee)	% _____ %	% _____ %
<input type="checkbox"/> Pension % (Employer match)	% _____ %	% _____ %
<input type="checkbox"/> Pension % (Employee voluntary)	% _____ %	% _____ %
<input type="checkbox"/> -Email address change		
<input type="checkbox"/> Marital Status (Name change)		
<input type="checkbox"/> Other (Please specify)		

NOTE: All figures should be in PER PAY (24 pays a year) basis.

REQUEST TERMINATION DOCUMENT (RECORD OF EMPLOYMENT)

Reason of leaving:

- | | | |
|--|--|---|
| A. <input type="checkbox"/> Shortage of Work | C. <input type="checkbox"/> Return to School | D. <input type="checkbox"/> Illness or Injury |
| E. <input type="checkbox"/> Resignation | F. <input type="checkbox"/> Pregnancy/Parental | G. <input type="checkbox"/> Retirement |
| H. <input type="checkbox"/> Work Sharing | M. <input type="checkbox"/> Dismissal | N. <input type="checkbox"/> Leave of Absence |
| K. <input type="checkbox"/> Other _____ | | |

Last working date: _____

Expect to rejoin? Yes No If Yes, expected date of re-join: _____

Change Authorized by Treasurer: _____
 (print & sign name)

Daytime telephone number: _____ Date: _____