

# The Free Methodist Church in Canada™

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Email: [payroll@fmcmc.ca](mailto:payroll@fmcmc.ca) Website: [www.fmcmc.ca](http://www.fmcmc.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, FMCMC

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/Employer)	%	%
<input type="checkbox"/> Pension % (Employee voluntary)	%	%
<input type="checkbox"/> Bonus		
<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: \_\_\_\_\_