

Iowa-Missouri Conference Locally Funded Personnel Monthly Report

Due the 20th of each month.

Local Church/School _____ Month _____

Employee Name _____ Year _____

Employee Address _____

Check if New Address _____

Employee Phone _____ Employee Position _____

Employee Signature _____

This portion is for hourly employees only:

Date	Begin	End	Total	Date	Begin	End	Total

Total Hours _____ x Rate _____ = TOTAL PAY \$ _____

Plus Employer Portion of FICA (7.65%) \$ _____

Retirement Plan Contribution \$ _____
(Only for approved employees)

Check # _____ **TOTAL** \$ _____

Signature of Authorized Person from local entity _____

A check for the total amount due, time sheet and this form must be in the office by the 20th of the month for the employee to be entered into the payroll system. **If it is a new employee: Completed W-4 and I-9 forms must be submitted and approved prior to receiving pay.**