

IOWA-MISSOURI CONFERENCE OF SDA  
**LOCALLY FUNDED PERSONNEL PAYROLL REPORT**

School or Church : \_\_\_\_\_

Name of Employee : \_\_\_\_\_

Address: \_\_\_\_\_

Check if New Address:  \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: Work : \_\_\_\_\_ Home : \_\_\_\_\_

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Payroll for the Month Of : \_\_\_\_\_ 20\_\_\_\_\_ Employee # \_\_\_\_\_

SALARY \$ \_\_\_\_\_

Plus : Employers 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.***

\* Subject to Change