

# The Free Methodist Church in Canada™

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*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 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 ( <b>salary staff</b> )	\$ _____ per pay	\$ _____ per pay
<input type="checkbox"/> Pay Rate ( <b>hourly staff</b> )	\$ _____ per hour	\$ _____ per hour
<input type="checkbox"/> Standard Working Hours	hours/week    hours/pay	hours/week    hours/pay
<input type="checkbox"/> Housing Allowance (only CRA approved)	\$ _____	\$ _____
<input type="checkbox"/> Manse Allowance	\$ _____	\$ _____
<input type="checkbox"/> Utilities	\$ _____	\$ _____
<input type="checkbox"/> Vacation % or \$ amount		
<input type="checkbox"/> Pension % (Employee)	%    /    %	%    /    %
<input type="checkbox"/> Pension % (Employer match)	%    /    %	%    /    %
<input type="checkbox"/> Pension % (Employee voluntary)	%    /    %	%    /    %
<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: \_\_\_\_\_