



STAFF FORMS

Riverside Community Church of the Assemblies of God

800 3rd Street
Oakmont, PA 15139-1938

401 Allegheny Avenue
Oakmont, PA 15139-2001

Mills 562/556 Pittsburgh Mills Circle
Tarentum, PA 15084

412.828.2488

www.riversideconnect.org

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Confidential for use only by authorized Riverside Personnel

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Acknowledgement & Acceptance of Employee Handbook

I understand that in consideration of being hired I agree to be bound by the current employee policy manual and any changes thereto.

ACKNOWLEDGEMENT & ACCEPTANCE OF EMPLOYEE MANUAL

I, _____, hereby declare that I have read the Employee Manual. I agree to abide by it and am aware of the disciplinary actions.

Signed: _____

Date: _____

Time Reporting Payroll Sheet

Time Sheet can be accessed in RCC Dropbox/Church Manuals

Riverside Community Church

Hours Worked Time Sheet

<u>Date</u>	<u>Employee Name</u>	<u>Job Title</u>	<u>Ministry</u>

[illegible]

Total Hours:	
---------------------	--

<u>Employee Signature</u>	Date
<u>Authorization Signature</u>	Date

To be filled out by employee, and authorized by ministry leader if normal work hours are exceeded, then submitted to payroll.

Use other side if you need more space.

**Consent to Release of Test Results & Confidentiality
Alcohol, Drugs, Controlled Substances & Firearms Policy**

By signing a Substance Abuse Policy Acknowledgment form, the applicant, or staff member consents to the release of all testing results to the Lead Pastor and Board of Deacons, and further releases and holds harmless both Riverside Community Church and the testing laboratory from any and all claims or causes of action based on any taken in connection with such results.

Compliance with the terms and reporting requirements of this policy is required as a condition of employment of all staff members.

Violation of this policy will result in disciplinary action, up to and including immediate termination and may have legal consequences.

ACKNOWLEDGEMENT & ACCEPTANCE OF THIS POLICY

I, _____, hereby declare that I have read the above policy. I agree to abide by it and am aware of the disciplinary actions.

Signed _____

Date _____

Witness _____

Date _____

Business Expense Claim Form – Reimbursable

(Staff)

Name: _____ Date: _____

Claim for: Month/Year _____

Mileage: _____ miles @ _____ per mile = \$_____ (provide travel log)

Cell Phone expense (if approved, include copy of bill) ----- \$_____

Business meals (with receipts): REASON/GUESTS

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other expenses (with receipts): REASON

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL CLAIMED: \$_____

(Signature)

All business expense reimbursement requests must be turned in promptly.

(Use other side if required)

Expense Reimbursement Application

(Non-Staff)

Name _____ Date _____

Address _____

Phone Number _____

Item(s) Purchased _____

Purpose of purchase _____

Amount being claimed (please attach receipt[s]) \$ _____

☐ *Check if you want your receipt returned.

Your Signature _____

Pastor/Board Signature _____

NOTE: Requests for reimbursement must be approved by a staff member (Pastor, Director, Business Administrator, Board Member) before the bookkeeper may process the check.

All expense reimbursement requests must be turned in promptly.

Employment Application

(Please print)

Riverside Community Church
800 3rd Street, Oakmont PA 15139
412.828.2488

Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ E-mail _____

Position applied for _____

Are you a citizen of the United States _____ yes _____ no

If you are not a citizen of this country, what is your status? (Do you have work papers?) _____

Are you a veteran? _____ yes _____ no

EDUCATION

	Name of School/Location	Graduate?
High School	_____	_____
Business/Trade	_____	_____
College/University	_____	_____
Graduate/Professional	_____	_____

PREVIOUS EMPLOYMENT AND REFERENCES

List beginning with most recent

Name of Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Name of Supervisor _____

Nature of Business _____

Dates of Employment _____

Position(s) held _____

Ending Salary _____

Reason for Leaving _____

Name of Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Name of Supervisor _____

Nature of Business _____

Dates of Employment _____

Position(s) held _____

Ending Salary _____

Reason for Leaving _____

Name of Organization _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____ Email _____
Name of Supervisor _____
Nature of Business _____
Dates of Employment _____
Position(s) held _____
Ending Salary _____
Reason for Leaving _____

PERSONAL REFERENCES

Please give the names and addresses of two persons to whom you are not related and by whom you have not been employed.

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____ Email _____

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____ Email _____

PROFESSIONAL REFERENCES

Please give the names and addresses of two persons to whom you are not related and by whom you have been employed, contracted, educated, or professionally connected.

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____ Email _____

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____ Email _____

Who recommended you to us (person or agency)? _____

Summarize special skills and qualifications acquired from employment or other experience. _____

I certify that the information I have provided to Riverside Community Church (RCC) in this Application for Employment is true and complete to the best of my knowledge and I understand that, if hired by RCC, falsified statements or misrepresentations on this application shall be grounds for immediate dismissal. I also understand that acceptance is contingent on acceptable criminal background checks.

I authorize investigation of all information, provided in this application and the references and employers listed, to give RCC any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release RCC from all liability for any damage that may result from utilization of such information.

Pennsylvania is an "employment at will" state. All employees are employed at the will of the church for an indefinite length of time unless they have a written contract for a definite period of employment. I understand the church does not participate in unemployment insurance.

I understand that acceptance of this position requires me to agree with the ministry's statement of beliefs, and abide by the faith, practices, policies, and mission of Riverside Community Church.

Signature of Applicant_____Date_____

Employee New Hire Checklist

This process should be followed for all new hires for Riverside Community Church.

New Hire Name: _____ Date: _____ FT or PT

Checklist for employee file filled out by hiring manager:

- ☐ Resume
- ☐ Application
- ☐ Interviews with notes
- ☐ Reference Checks
- ☐ Background Check information forms
- ☐ Background Checks
- ☐ Giving reviewed/discussed
- ☐ Official Offer Letter
- ☐ Agreed to salary, benefits and start date.
- ☐ Benefits Document

Checklist for adding to payroll:

- ☐ W4 form filled out
- ☐ I9 form filled out
- ☐ Payroll direct deposit form filled out along with a voided check
- ☐ Enroll with church payroll provider
- ☐ Local Earned Income Tax form filled out
- ☐ Hourly employees' timecard and process: Y / N
- ☐ Housing Allowance form required: Y / N

Full-time employees if applicable, enroll in benefits systems:

- ☐ Vision coverage (UPMC)
- ☐ Dental (United Concordia)
- ☐ ICHRA (Remodel Health)
- ☐ Insurance: (Lincoln National)
- ☐ Short-term disability
- ☐ Long-term disability
- ☐ Life Insurance
- ☐ A/G Ministers Benefit Plan 403(b) employee contribution retirement plan Y / N
- ☐ H.S.A. Payroll deductions (If individually qualified and elected)

If applicable for the new employee, request the following:

- ☐ Klear Card credit card
- ☐ Sam's club card
- ☐ Lowes Card
- ☐ ACE (True Value)

Building / Application and Access/Other

- ☐ BaseCamp
- ☐ Brivo
- ☐ Planning Center
- ☐ QuickBooks
- ☐ Slack
- ☐ Building/Office key and/or key fob distribution as appropriate
- ☐ Create email address if required:
_____@riversideconnect.org
- ☐ VOIP phone extension number: _____
- ☐ Create mailbox at Parkside reception area
- ☐ Order name plate if applicable
- ☐ Add email address to copiers for scanning to email

Employee Exit Check List

The manager of the exiting employee and the office manager are responsible to complete the Exit Checklist and file in the employee's file. All items turned back in should be delivered to the Business Administrator.

Employee Information

Employee Name: _____

Today's Date: _____ Final Workday: _____

Processing Check List

<u>Date Complete</u>	<u>Action</u>	<u>Responsible</u>
_____	Acquire employee's keys/key fob	Manager
_____	Acquire employee's Employee Handbook	Manager
_____	Acquire employee's Credit Card receipts outstanding	Manager
_____	Acquire all system IDs, names and passwords	Manager
_____	Contact IT to remove computer systems access	Business Admin
_____	Remove employee from ChMS access (if applicable)	Business Admin
_____	Remove employee from QuickBooks access (if applicable)	Business Admin
_____	Remove employee from organizational chart	Business Admin
_____	Update organizational chart in Employee Manual	Business Admin
_____	Remove employee from stationary, bulletins etc.	Office Manager
_____	Remove employee from internal email contact lists (copiers)	Manager
_____	Remove employee from birthday list	Office Manager
_____	Give the employee their name plate	Manager
_____	Contact health insurance provider and remove from benefits (if applicable)	Business Admin
_____	Contact disability insurance provider and remove from benefits (if applicable)	Business Admin
_____	Contact dental insurance provider and remove from benefits (if applicable)	Business Admin
_____	Contact 403(b) provider and change their status (if applicable)	Business Admin
_____	Acquire any credit cards and/or Sam's cards (if applicable)	Manager
_____	Provide employee with exit interview paperwork and schedule exit interview	Manager
_____	Provide employee with benefits information (if applicable)	Business Admin
_____	Provide letter stating if employee moves, provide office with new address	Office Manager
_____	Remove from Planning Center Online if applicable	Office Manager
_____	Change bank signature card (if applicable)	Office Manager
_____	Cancel payroll direct deposit (if applicable)	Office Manager
_____	Return laptop, software/hardware, etc. (if applicable)	Manager
_____	Remove access from Brivo system	Facilities Manager

Housing Allowance Exclusion Estimation Form

For (Minister Name): _____ Begin Year/Month: _____

Ministers are permitted to exclude from their church income (for federal income tax purposes only) a "housing allowance" designated by their employing church, to the extent that the allowance is used to pay housing expenses. To assist the church in designating an appropriate amount, please estimate on this form the housing expenses you expect to pay next year or the remaining period this year and return by December 15th or the 1st of the month when adjusting during the year. The maximum allowed by the law is the actual expense or the fair rental¹ value (furnished) of the home – whichever is lesser. For ministers who own or rent their home a housing allowance is nontaxable only to the extent that it is used to pay housing expenses and does not exceed the fair rental value of the home (furnished, plus utilities).

CATEGORY OF EXPENSE

ESTIMATED AMOUNT

Mortgage loan payments to purchase or improve your home (principal & interest)	_____
Real estate taxes	_____
Property insurance	_____
Utilities (electricity, gas, water, trash, pickup, local telephone charges)	_____
Furnishings and appliances (purchase and repair)	_____
Structural repairs and remodeling	_____
Yard maintenance and improvements	_____
Maintenance items (household cleansers, light bulbs, pest control, etc.)	_____
Homeowners' association dues (HOA/COA)	_____
Miscellaneous (Down payment on a home)	_____
<u>Total Housing Exclusion Requested:</u>	_____

The above listed expenses represent a reasonable estimate of my housing expenses for next year. I understand and agree that:

1. If I claim \$10,000 for housing allowance and it is approved, that is all I get. If my actual cost is \$20,000, I miss a \$10,000 tax deduction. On the other hand, if I claim \$20,000 and my actual cost is \$10,000, I realize that I have an additional taxable income of \$10,000. I recognize the importance of accuracy in housing allowance designation is twofold - to benefit myself and in order to abide by tax law. *Changes in housing allowance exclusion cannot be made retroactive.*
2. The Church will not designate a portion of my compensation as a housing allowance until I complete and return this form.
3. It is my responsibility to notify the church through the Business Administrator if these estimates prove to be inaccurate during the year. I may amend this document at any time during the year pending re-approval of the church board or its designee. "Begin Year/Month" line at the top determines the time frame for the exclusion.

4. My housing allowance exclusion is exclusion for federal income taxes only. I must add my housing allowance as income in reporting my self-employment taxes on Schedule SE (unless I am exempt from self-employment taxes).
5. A copy of this form will be kept in my personnel file to verify my intentions and the church's approval.
6. My actual housing allowance exclusion for tax reporting purposes may not be the same as my estimated expenses.

Signature of Minister: _____ Date _____

Signature Verifying Church Board Approval: _____ Date _____

This form is **confidential** between RCC and the Minister. You may turn in just a total number or use the categories to help you estimate your allowance. Only the total is recorded in the Church board minutes.

¹Three ways to help determine fair rental value:

1. Appraisal: It's expensive, usually not different than realtor opinion, provides better support.
2. Realtor's Informal Opinion: If possible, obtain a signed letter, realtor usually will give a "range".
3. The 1% Rule - Calculate as 1% of the fair market value of home per month. Reasonable amount for furniture, appliances, and utilities.