POTOMAC CONFERENCE CORPORATION
Human Resources
606 Greenville Avenue, Staunton, VA 24401
Office (540) 886-0771 | Fax (540) 904-0722
http://www.pcsda.org

PAYROLL ENROLLMENT

(This Form to Be Completed By Site Supervisor)

Type of Employee (circle): Teacher Sub Pastor CBR ABC SVA TA Admin Local Hire Hire Date: _____

Full Legal Name _____ S.S. # _____ Gender (circle) M F Marital Status S M

Address _____
(Street) (City) (State) (Zip) (County)

Home Phone (_____) _____ Cell (_____) _____ Work Phone (_____) _____

Birth Date: _____ E-Mail _____

Job Title/Description: _____ Special Instructions: _____

Is this a new position? Yes_____ No_____ Are you replacing an employee? Yes_____ No_____
Name of employee you are replacing: _____
Have you sent termination status to HR? Yes_____ No_____

We need the following information completed for all employees to determine eligibility for various benefits (retirement, medical, insurances, etc.)

Is your new employee: ☐Full time ☐Part Time How many hours per week will they work _____

Hourly Status:	**Pay Rate:**
☐ Hourly, regular	$_____ ($ per hour)
☐ Temporary (will work less than 5 months)	$_____ ($ per hour)
☐ Occasional	$_____ ($ per hour)

Salary Status: (Salary does not mean the employee is exempt from overtime. If the monthly wages are less than $1,972 per month please contact HR to determine what your reporting requirement would be for calculating the hours your employee works.)

☐ Salaried, regular _____ % (rate of remuneration) $_____ per month

Method of Payment: ☐ Payroll Check ☐ Direct Deposit (Please include Authorization Form & Copy of Voided Check)

Locally Funded Employment Please Check (✓)
1) Vacation/Sick Accrual per Potomac Conference Policy ____ yes ____ no

Benefits Eligibility Please Check (✓)
1) Is this a summer camp employee? (If yes, skip items 3-5) ____ yes ____ no
2) Is this a Day Care Center employee? (If yes, skip items 3-5) ____ yes ____ no
3) Is employee age 20 or older? ____ yes ____ no
4) Is employee working for another Potomac Conference employer concurrently, and will employee's combined hours ≥ 30 hours? ____ yes ____ no
5) If contract teacher employee, is employment for 10 months or 12 months? ____ 10 ____ 12

Approved by: _____
Signature Print Name Date

Site Name_____Telephone (_____)_____

In order to prevent delay in processing your employee's first paycheck please ensure all portions of this form are completed and all new hire forms are included with the checklist. Please feel free to contact Human Resources if you or the new employee have any questions.