



THE EPISCOPAL
THE DIOCESE OF
NEW YORK

Diocesan Payroll Service

HOURS, CHANGES, AND TERMINATION FORM

Pay period ending: _____

Congregation & Location _____ Parish # _____

Hourly employees

Please give us the name and hours worked during the previous pay period:

Name	No. of Hours	Hourly Rate	Gross Total

Additional Pay

For employee compensation changes, please fill out a compensation form.

Use this section to pay OT (overtime), PTO (Paid Time Off – vacation, sick time), Bonus and Other Pay (please specify what you are paying).

Name	Indicate: OT, PTO, Bonus, Other	Hourly Rate	Gross Total

Terminations

If an employee needs to be removed from the payroll, please indicate that below. We will call you on receipt of any termination notice to get other information we need about taking the person off payroll.

Name	Pay thru this date	Terminate medical/dental?

Please make sure this information reaches Zoraida Marte, Accounting Manager (tel. 212-316-7478; fax 212-932-7328) **by noon on the date noted for each pay period on the Payroll Calendar.**

Authorized signature and date _____

Telephone number: _____