

# 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/camp/daycare 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 (salary staff)                  | \$ _____ per pay     | \$ _____ per pay     |
| <input type="checkbox"/> Pay Rate (hourly staff)                  | \$ _____ per hour    | \$ _____ per hour    |
| <input type="checkbox"/> Standard Working Hours                   | _____ hours per week | _____ hours per week |
| <input type="checkbox"/> Housing Allowance<br>(only CRA approved) | \$ _____             | \$ _____             |
| <input type="checkbox"/> Manse Allowance                          | \$ _____             | \$ _____             |
| <input type="checkbox"/> Utilities                                | \$ _____             | \$ _____             |
| <input type="checkbox"/> Vacation %                               |                      |                      |
| <input type="checkbox"/> Pension % (Employee)                     | % _____ %            | % _____ %            |
| <input type="checkbox"/> Pension % (Employer match)               | % _____ %            | % _____ %            |
| <input type="checkbox"/> Pension % (Employee voluntary)           | % _____ %            | % _____ %            |
| <input type="checkbox"/> -Email address change                    |                      |                      |
| <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 checked="" 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: \_\_\_\_\_