**Clergy – Payroll Details Form PART A**



[Clergy to complete – other forms to be provided: *Tax File Declaration, Super Choice, AFGD MRE application*]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | | | | |
| **Title: (circle)** | | Rev | | Other: |  | | | | | | | | | | |
| **Given Name/s:** | | | | | | **Family Name:** | | | | | | | | | |
| **Birth Date:** |  | | | | | | **Gender:** Male 🞏 Female 🞏 | | | | | | | | |
| **Tax File Number:** | | | | | | |  |  |  |  |  |  |  |  |  |
| **Residential Address:**  **P/Code:** | | | | | | | | | | | | | | | |
| **Postal Address:**  **(if different)**  **P/Code:** | | | | | | | | | | | | | | | |
| **Home Phone:** | | | | | | **Mobile:** | | | | | | | | | |
| **Email Address :**  **(for payslip delivery)** | | |  | | | | | | | | | | | | |
| **Email Address :**  **(for general contact)** | | |  | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MRE Benefit Account (maximum 30% Stipend + allowances)** | | | | | |
| **Existing Benefit Account:**  (fill below) | | **🞏** | **New Benefit Account:**  (Complete AFGD Personal Member account Application Form + provide certified copy of Driver’s Licence) | | **🞏** |
| **Bank and Branch:** | | Anglican Funds Grafton Diocese (AFGD)  PO Box 4  Grafton, NSW, 2460 | | | |
| **BSB:** \_ \_ \_ - \_ \_ \_ | | **Account Number:** | |  | |
| **Amount payable to benefit fund:** | | **% or $** | | | |
| **Account Name:** |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Net Pay Disbursement** | | |
| **Bank and Branch:** |  | |
| **BSB:** \_ \_ \_ - \_ \_ \_ | **Account Number:** |  |
| **Account Name:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Superannuation** | | | | |
| Super Choice form completed and attached (please tick) | | **🞏** | | |
| Additional Super deductions | After Tax contribution (per pay) | | $ | % |
| Before Tax contribution (per pay) | | $ | % |

|  |  |  |  |
| --- | --- | --- | --- |
| **Clergy Declaration** | | | |
| I declare that all the details provided are true and correct. | | | |
| **Clergy Signature:** |  | **Date:** |  |

**Clergy – Payroll Details Form PART B**



[Parish Representative to complete]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Appointment Details** | | | | | | |
| **Name:** | | | | | | |
| **Parish:** | | | | | | |
| **Position Title: (please circle)** | Parish Priest | | Assistant Priest | | Locum | |
| **Other:** (please state) | |  | | | |
| **Status:**  **(please tick)** | **Full Time 🞏** | | **Part Time 🞏** |  | | |
| **Part Time Details**  **Indicated which days of the week are required to work** | **Mon 🞏 Tues 🞏 Wed 🞏 Thurs 🞏**  **Fri 🞏 Sat 🞏 Sun 🞏** | | | **Hours per day** | |  |
| **% of Fulltime Equivalent role:** |  | | | | | |
| **Start Date:** |  | | | | | |
| **End Date:**  **(if fixed term)** |  | | | | | |
| **Gross Stipend:** | **p.a.** | **Hourly Rate: $**  **(if casual)** | | | | |
| **Superannuation** | | | | | | |
| **At 10.5% of Gross stipend** | $ | | | | | |
| **Allowances** | | | | | | |
| **Housing:** | Yes **🞏 No 🞏** | * Please indicate Per annum amount   $ | | | | |
| **Motor Vehicle:** | Yes **🞏 No 🞏** | * Please indicate Per annum amount   $ | | | | |
| **Other:** (please specify) |  | * Please indicate Per annum amount   $ | | | | |
| **TOTAL:** | **$** | * Total of gross stipend + above allowances | | | | |
| **Other costs** | | | | | | |
| **Long Service Leave Fund :** | Yes **🞏** No **🞏** | * Reason for ‘No’ | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Authorisation – Two Church Wardens to authorise** | | | | |
| **Name:** |  | | | |
| **Contact Phone:** |  | **Email:** | | |
| **Signature:** |  | | **Date:** |  |
| **Name:** |  | | | |
| **Contact Phone:** |  | **Email:** | | |
| **Signature:** |  | | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Checklist** | | |
| New Pay Details PART A completed and signed | 🞏 | **NOTE:**  *Before sending to Payroll the checklist is to be completed to ensure that all the required paperwork is supplied.* |
| MRE Client Details Form + Drivers Licence (if required) | 🞏 |
| New Pay Details PART B completed and signed | 🞏 |
| Parish Authorisation completed and signed | 🞏 |
| Copy of Employee Contract attached | 🞏 |
| Tax File Declaration form attached | 🞏 |
| Super Choice form attached | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | |
| Entered into MYOB | 🞏 | Date: | By: |
| Above forms attached? | 🞏 | List any missing: | |
| Total Annual Payroll: | $ | * Total package + super + LSL | |
| Monthly Parish Debit: | $ | * Total annual payroll ÷ 12 | |