**Clergy – Payroll Details Form PART A**

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

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| **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)** |  |

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| **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 4Grafton, NSW, 2460 |
| **BSB:** \_ \_ \_ - \_ \_ \_ | **Account Number:** |  |
| **Amount payable to benefit fund:** | **% or $** |
| **Account Name:** |  |

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

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

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| **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]

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

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| **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 | 🞏 |

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| **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
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