



THE EPISCOPAL
DIOCESE OF SAN JOAQUIN
THE CENTRAL THIRD OF CALIFORNIA

Payroll Authorization Form For 2021

Name of Employee: _____

Effective Date of Change: _____

Monthly Salary contributed by diocese	\$ _____
Monthly Salary contributed by _____ Church	\$ _____
Monthly Salary contributed by _____ Church	\$ _____
SECA monthly contribution	\$ _____
Lay DC Plan Employer Contribution	\$ _____
HSA contribution by diocese	\$ _____
HSA employee portion monthly pre-tax contribution	\$ (_____)
RSVP [403(b)] monthly pre-tax employee contribution	\$ (_____)

Monthly amount to be designated as clergy housing allowance \$ _____

Employee Signature

Date

Supervisor's Signature (Treasurer is church level)

Date

- New Assignment Notice Form needed?
- Housing Resolution needed?
- Report of Change in Compensation Form needed?
- Participant Change Form (Lay DC Plan) needed?
- Participant Change Form (Clergy RSVP Plan) needed?