



# Personnel Action Notice

(Updated 2/17/10)

Please print on  
blue paper

**Add new employee**  
**Change existing employee**  
**One-time change**

First paycheck/pay date  
for change to be effective:  
\_\_\_\_\_

Direct Deposit?  
 Yes  No  
(If yes, attach form)

Name of Organization: \_\_\_\_\_

Employee's Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date: \_\_\_\_\_ (required for new hire reporting) **OR** Termination date: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Wages should be coded to account number: # \_\_\_\_\_

Frequency of pay:            Weekly            Bi-weekly            Semi-monthly            Monthly

<b>Regular staff (Non-Ministerial)</b>					
Annual salary: _____		<b>or</b> Hourly Rate: _____			
<u>Federal</u>	<u>State</u>				
Married    Single	Married    Single	# of Exemptions: _____	# of Exemptions: _____		
Optional add'l withholding: _____ per _____		Optional add'l withholding: _____ per _____			

-- OR --

<b>Licensed or Ordained Ministerial Staff Only</b>	
Annual <u>Base</u> Salary <u>not</u> including housing allowance:	_____
Annual <u>Housing</u> Allowance:	_____
Total annual housing and salary	_____
Optional Annual SECA/Social Security reimbursement:	_____
Optional Annual Federal withholding deduction:	_____
Optional Annual State withholding deduction:	_____

### **Employee** deductions to be deducted from their paycheck:

Health insurance amount: _____	Withheld:	weekly	bi-weekly	semi-monthly	monthly
Retirement amount: _____	Withheld:	weekly	bi-weekly	semi-monthly	monthly
Life insurance amount: _____	Withheld:	weekly	bi-weekly	semi-monthly	monthly
Other _____ amount: _____	Withheld:	weekly	bi-weekly	semi-monthly	monthly

KCMO City tax deduction - 1% (if applicable):  Yes  No

### **Special notes/changes/one-time amounts/explanations and/or instructions:**

\_\_\_\_\_  
\_\_\_\_\_

Authorized Approval: \_\_\_\_\_ Date: \_\_\_\_\_