

**Southeastern Conference of Seventh-day Adventists  
Locally Funded Employee Analysis Form**

**To be completed by administration for the local entity**

Name of Church, School or Institution: \_\_\_\_\_

*(Use a Separate Sheet for Each Employee. Please Print All Information)*

Name of Worker: _____	
Date of Hire: _____	Title: _____ (Including independent contractors)
<b>Information About Worker</b>	
Was this worker previously on the "Courtesy Payroll" of the Conference?	_____ Yes    _____ No
If not on the Conference "courtesy payroll", is person considered an "employee" or "contractor" by the local church, school or facility?	_____ Employee    _____ Contractor
If not on the Conference "courtesy payroll", are federal/state/local income taxes and social security taxes being deducted from compensation paid to the person?	Federal Income Taxes:    _____ Yes    _____ No State Income Taxes:        _____ Yes    _____ No Local Income Taxes:        _____ Yes    _____ No Social Security Taxes:      _____ Yes    _____ No Other Deductions: _____
Is there a written job description or summary of duties for the position held by this worker?	_____ Yes    _____ No  * If your answer is "Yes", please attach a copy of the job description/summary.
If there is no job description or written summary of duties, please provide a description of the functions to be performed by the employee. (use reverse side or additional pages if necessary)	
What type of compensation does this employee receive?	___ Salary (Exempt Employee) ___ Hourly (Non-Exempt Employee) ___ Flat Rate ___ Stipend ___ Contract (Please attach a copy of any written contract with the employee)
What are the <i>scheduled</i> work hours for this worker? <b>Please insert exact hours stipulated to work.</b>	___ Full Time (38 ½ - 40 Hours per week)
	___ Part Time (Less than 38 ½ Hours per week)

If part time, approximate number of hours worked each week.	_____ Hours		
Do weekly work hours vary?	___ Yes ___ No		
Does this worker ever work more than 40 hours in any work week.	___ Yes ___ No ___ Regularly ___ Occasionally		
Please answer these questions for all workers, regardless of compensation method (salaried, hourly, flat rate, contract, or other)	1. Are records kept for the actual number of hours worked each day? *If your answer to this is yes, please attach a copy of the form you are using to record/track work hours. Are you using a time clock with a time card? Are you using the Conference non-exempt employee time sheet? Other Method (describe): _____	Yes* _____ _____ _____ _____	No _____ _____ _____ _____
	2. Is the employee eligible for overtime pay?	Yes	No
	3. Is overtime paid at hourly rate or 1 ½ times hourly rate? ___ Hourly Rate ___ 1 ½ Times Rate		
Does the worker receive any of the following benefits, if so, please indicate as requested.	1. Service credit ___ Yes ___ No 2. Sick leave ___ Yes ___ No 3. Retirement ___ Yes ___ No 4. Vacation ___ Yes ___ No 5. Medical ___ Yes ___ No 6. Dental ___ Yes ___ No 7. Prescription ___ Yes ___ No 8. Tuition Assistance ___ Yes ___ No		

\_\_\_\_\_  
Prepared By (Please Print Name/Title)

\_\_\_\_\_  
Date