

PERSONNEL COMMITTEE
POLICY MANUAL
FAIRHILL MANOR CHRISTIAN CHURCH



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FAIRHILL MANOR CHRISTIAN CHURCH

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SECTION 1 - PERSONNEL COMMITTEE POLICY & PROCEDURE INTRODUCTION

I. PURPOSE

To convey to the ordained and nonordained personnel that we as Fairhill Manor Christian Church, through the Personnel Committee, will manage our human resources in a manner that results in trust between the pastors, officers, congregation, and staff.

II. PERSONNEL COVERED

All ordained and lay personnel.

III. RESPONSIBLE FOR ADMINISTERING & MAINTAINING

Pastors and Personnel Committee.

Pastors are part/members of Personnel Committee

IV. POLICY

We at Fairhill Manor Christian Church shall treat every individual with concern, dignity, and fairness in terms of assigned job duties, working conditions, pay and benefits, and communication.

In return, we ask that as an employee perform their jobs to the best of your abilities and take responsibility for making suggestions to their immediate supervisor as to how we can better serve our congregation.

V. PROCEDURE

If at any time an employee feels they are not being treated fairly from an employment standpoint they should feel free to contact any member of the Personnel Committee who will address the matter in a timely and confidential manner.

SECTION 2 – POLICY & PROCEDURE – EMPLOYMENT

I. PURPOSE

To ensure that the most qualified job applicants are selected for employment, that Fairhill Manor Christian Church complies with federal and state employment laws, and that wages and salaries are in line with the approved annual budget plan.

II. PERSONNEL COVERED

All ordained & lay personnel

III. RESPONSIBLE FOR ADMINISTERING

Personnel Committee

IV. POLICY

A. NEW POSITIONS

The Personnel Committee is authorized to search and recommend openings for all non-ordained paid staff. As per the Bylaws, Article III, Section A, 3a, the personnel committee shall “recruit and thoroughly investigate, evaluate, and recommend to the general board candidates for employment of all positions of the church staff. Upon approval of two-thirds of the general board, a candidate will be hired.”

B. PAY

The wage offered for a position will be developed based on job responsibility, candidate prior experience, and how many hours/week are required for the position. Refer to the Job Description Section of this policy for guidance. All pay rates must be initially developed by the Personnel Committee in consultation with the Stewardship Finance Ministry and presented to the general board for approval.

C. SAFE CONDUCT POLICY

Fairhill Manor Christian Church has an approved Safe Conduct Policy that is to be followed when filling employment positions of the church. Applications for Employment, Employment References, Background Checks, and post hiring requirements under the Safe Conduct Policy must be followed. (Please refer to the Safe Conduct Policy Manual for details.)

D. SUBSTANCE ABUSE OR VIOLATION OF SAFE CONDUCT POLICY

The management of Fairhill Manor Christian Church which includes the Personnel Committee, Pastors, Supervisors, and the General Board, has the right under this policy to conduct drug testing. If an employee is suspected of having violated the Safe Conduct Policy, the Safe Conduct Policy will guide the investigation. In both instances, the investigations will be done by the Personnel Committee at the request of the Pastors.

Substance abuse is defined as the use of illegal drugs and/or the abuse of legal drugs or alcohol. Please refer to the Substance Abuse section of this policy when applicable.

If substance abuse or the violation of the Safe Conduct Policy by an employee is substantiated after investigation, the Personnel Committee will make a recommendation to address the situation to the church management of how to address the situation, after consulting legal counsel if appropriate.

E. EMPLOYEE BENEFITS

Employee Benefits offered for employees at Fairhill Manor Christian Church do not include Medical, Dental or Vision coverage. However, in April 2020 Fairhill Manor Christian Church signed an agreement with the Pension Fund of the Christian Church (Disciples of Christ) which allows non-ordained employees of Fairhill Manor Christian Church to voluntarily participate by contributions through payroll deduction to a qualified 403b Tax Deferred Retirement Account as well as Individual Savings Accounts including a Traditional IRA and or a Roth IRA. The Individual Savings Accounts allow for rollovers from other accounts and also allows for spousal participation.

Only ordained employees participate in an Employer-Sponsored Pension Plan; however, the April 2020 agreement also allows for non-ordained employees to participate in the Employer Sponsored Pension Plan should Fairhill Manor Christian Church ever decide to fund the plan, which includes an option to fund matched contributions to the 403B plan.

Fairhill Manor Christian Church also provides a Housing Allowance to the Pastor and the Associate Pastor. The allowances are not subject to Federal Income Tax, provided it is properly designated by the church before January 1 of each year. The amount that can be excluded from Federal Income Tax is the lesser of the amount designated by the church, the amount actually

incurred through receipts, or the fair market value rental of the home plus utilities.

Housing Allowance is subject to Pennsylvania Income Tax and is reported as compensation on line 1a of PA-40. However, the fair market value of the use of employer owned property (car or housing) is not subject to Pennsylvania Income Tax.

Information regarding off for Vacation and Sick-Days, as well as Holidays can be referenced in the Vacation & Sick-Day Policy that was approved by the Board in November 2021. The policy includes a Vacation & Sick-Day Request Form that is to be filled out by an employee when they are requesting time off. There is also a Vacation & Sick-Day tracking sheet that will be maintained by the Administrative Assistant and reviewed by the Personnel Committee on a regular basis. Holidays observed by the church will be posted on the church website and updated annually.

Ordained employees of Fairhill Manor Christian Church are also reimbursed for business mileage, assemblies, and conferences, as well as books and professional fees. These Pastoral Support expenses are included in the annual operating budget of the church.

Should a Non-Ordained Employee incur an expense such as for the purchase of office or other supplies required by the church, they can be reimbursed by completing a voucher and providing a copy of the receipt of purchase to the Trustees, who will approve the voucher and submit it to the Financial Secretary for payment.

V. PROCEDURE

- A. **EMPLOYMENT:** Upon approval by the board for the church to fill new position or vacant position the Personnel Committee will commence with the process. Applicants for an approved position must complete the appropriate Employment Application Form as referenced in the Fairhill Manor Christian Church Safe Conduct Policy. Each applicant is to be interviewed by the appropriate person(s). Employment references are to be completed under the requirements of the Safe Conduct Policy. Please refer to the Safe Conduct Policy – Section 2 – Screening & Selection starting on page 9 of the Safe Conduct Policy Manual.

- B. **FORMS TO BE COMPLETED:** Applicants applying for any job position at Fairhill Manor Christian Church are to complete an Application for Employment as per page 52 of the Safe Conduct Policy.
- C. **REFERENCE INTERVIEWS:** After a face-to-face interview with the applicant, the Personnel Committee shall directly contact and interview at least three references (a combination of professional and personal, at least one of which shall be a personal reference) for each employment position. The interview in addition to regular job interview questions shall include standardized questions designed to assess the suitability of the applicant for working with children. (See Appendix C of the Safe Conduct Policy for Professional and Personal Reference Interview Forms and corresponding Interpretative Guides). The interviewer(s) shall document reference responses using the Reference Interview Forms.
- D. **CLEARANCES & BACKGROUND CHECKS:** Please reference the procedures for performing clearances and background checks starting on page 10 of the Safe Conduct Policy Manual.
- E. **OFFER LETTER:** After the above requirements have been satisfied, the designated members of the Personnel Committee will prepare an offer letter for approval by Pastors and the Chairperson of the Personnel Committee. Once the offer letter to the selected candidate is signed by the Chairperson of the Personnel Committee, two copies will be mailed to the candidate selected for employment. One copy of the offer of acceptance, signed by the applicant, will be returned to the chairperson of the Personnel Committee, who will place it in the employee's personnel file. The other copy will be maintained by the employee,
- F. **PERSONNEL ACTION NOTICE:** This form is to be used to document any employee action (such as employment, job changes, address change, salary increase or decrease, leave of absence or termination.) A copy of the Personnel Action Notice can be found in Section 7 – Appendix.
- G. **PAY:** All Ordained and Non-Ordained employees will be on the same biweekly pay cycle, with 26 pays per year by direct deposit. Hourly employees, who include the Administrative Assistant and the Custodian, are paid by the hour and work approximately 25 hours per week. Those individuals are required to submit a timesheet signed by their supervisor which is turned in to the Financial Secretary for processing. The Senior Pastor, Associate Pastor, Choir Director, Organist, and Financial Secretary are paid an amount based on their annual salary divided by 26 weeks.
- H. **PAY FOR WEDDING SERVICES**

Fairhill Manor Christian Church will accommodate members or non-members who wish to get married in the church. The church will provide the services of a Pastor, Wedding Coordinator, Organist, Sound Technician, and Custodian. All weddings must be scheduled in advance and according to the Wedding Policy. On May 11, 2022, a revised wedding fee schedule was approved by the board which dictates how fees for having a wedding at Fairhill Manor Christian Church are calculated. (See the Wedding Policy for details). The payment for these services, which include those of the Wedding Coordinator and Sound Technician will be included as part of the biweekly pay for the pay period when these services occur. A separate time sheet will be completed by each employee when they provide services for a wedding.

SECTION 3 - EMPLOYEE HIRING & RECORDS PROCESS

The employee hiring process at Fairhill Manor Christian Church is extremely important for several reasons. First, the hiring process does not occur very often since we have a limited number of staff positions. Given our small staff, we as a church recognize the importance of taking great care with the hiring process so that we maintain a staff which is able to work as a unit in providing a glorifying experience for our congregation each week. Second, each employee at Fairhill Manor Christian Church possesses their own unique talents, all of which are important in providing an exceptional worship experience while at the same time maintaining the beauty of our church and keeping it financially stable and safe.

This section of the manual provides important reference information, such as questions to ask during an interview, what forms should be completed after a new person is hired, what employment records should be kept on file, where records should be stored and how long they should be retained.

SUGGESTED QUESTIONS FOR EMPLOYEE INTERVIEWS BY JOB TITLE

Umbrella Questions

- What drew you to apply for this job?
- Tell me a little bit about yourself.
- What do you feel is your greatest skill as a _____?
- Why are you the best candidate for this position?
- What do you know about Fairhill Manor Christian Church (Disciples of Christ)?
- What do you think you can bring to this organization?
- What do you like about your current position? What do you dislike about it?
- What kind of people annoy you?
- Describe a time you had to deal with a difficult person and how you handled it.
- Have you worked in a church setting before?
- What do you do when you make a mistake?

Administrative Assistant

- What computer skills do you have? What programs are you fluent in? (Database, website builder, word processor)
- How do you organize your workload/handle your time?
- If you are busy and someone comes in to chat, what do you do? How do you manage social interactions in the job?
- How do you manage office supplies?
- If you were approaching a deadline and you don't have materials you need, what would you do? How do you manage deadlines?
- How would you handle confidential or sensitive information? If someone called and wants sensitive information about the Pastor or another church member, how would you respond?

Interview Tasks

- Proofreading
- Take information and make a poster and an announcement

Choir Director

- Do you play the piano?
- Can you sing?
- How do you deal with different personalities and different musical abilities in a choir?
- How would you handle it if someone came into the choir, sang poorly and loudly?
- What would you do if people criticize each other's singing?

- Have you worked in a church setting with volunteers?
- How would you encourage new folks to join the choir?
- What are your strengths?
- What are your weaknesses?

Organist

- Can you sight-read?
- What do you do when you make a mistake?
- What style of music would you play for extra service music?
- How do you choose service music?
- Do you know anyone who would make a good back-up?
- Are you comfortable playing for weddings and funerals?
- Are you available on Thursday evenings for choir practice?
- Are you available during the week and on Saturdays for weddings and funerals?
- What are your strengths?
- What are your weaknesses?

Janitor

- How do you plan your cleaning routine by day, week, and longer term?
- Based on the size of this facility, do you have physical limitations or concerns about aspects of the job?
- What would you do when you see something in the church that needs repair?
- What facilities have you cleaned before?
- How comfortable are you asking for help?
- Explain a time when you've had to ask for help and how you handled it.
- What are your strengths?
- What are your weaknesses?

Financial Secretary

- What is your level of experience with payroll and bookkeeping?
- Describe your experience working with computers, Microsoft Products, and bookkeeping software.
- Do you have experience filing payroll information returns such as W-2's, W-3 Wage Transmittals, Form 941's, Form 1099-NEC and 1096 Transmittals?
- Do you have experience with working with Income Statements and Balance Sheets?
- How would you rate your communication and presentation skills?
- How would you handle a situation where a congregational member was upset about how church funds were being spent?

- If you were the only one in the church after services on a Sunday and found that the donations in the offering plate were left and not collected, how would you handle the situation?
- How well are you adapted to meeting deadlines?
- What are your strengths?
- What are your weaknesses?

Wedding Coordinator

- What experience do you have related to our church wedding coordinator position?
- Tell us about yourself.
- Why should we hire you for this important position at our church?
- What do you know about Fairhill Manor Christian Church?
- Since this position is on an as needed basis it will not provide a steady reliable income. Are you working anywhere else right now?
- What are your strengths?
- What are your weaknesses?
- Tell me about some experience you have had with working with Pastors and their requirements.
- Give me an example of your time management skills
- Tell how you would handle conflict between different personalities
- What is your flexibility? Would you be available if wedding numbers increased?
- How well do you get along with people of diverse cultures?
- How long do you think it would take to coordinate a wedding rehearsal? (Approximately 1.50 Hours)?
- What are your expectations as it relates to pay for this position?
- Do you have any questions you wish to ask us?

Pastor or Associate Pastor

- What is a "typical week" in ministry for you? How do you balance your work and family life?
- What goals do you strive for in ministry?
- What parts of ministry energize you? What parts do you find depleting in ministry?
- How important is it for you to delegate tasks or projects to committees and other staff members/volunteers?
- What would you consider as the top responsibilities of a pastor?
- How important is it for you to further your education?
- Describe a time you dealt with conflict in ministry. How did you resolve it?
- How do you address someone who is struggling with their faith?
- Why are you leaving the ministry you are currently in?

- What is your role in reaching out to church members and visitors?
- What are your strengths?
- What are your weaknesses?
- How do you live out your faith in Christ?
- What topics do you feel uncomfortable preaching about? Why?
- How would you describe your approach to interpreting scripture?
- What is the purpose of the church?
- What is a verse or passage that encourages you?
- What is a verse or passage that convicts you?
- How does one become a member within your congregation?
- Who should be baptized, and how would you lead them to baptism?

FORMS TO COMPLETE WHEN AN EMPLOYEE IS HIRED

1. Form I-9 – Employment Eligibility Verification
2. Copies of Documents Presented by Employees who completed I-9
3. W-4 Federal Tax Withholding
4. PSD Residency Form
5. Direct Deposit Form with Voided Check provided by employee
6. Forms for participation retirement contribution plans
7. Signature Verification Form – Receipt of Employee Handbook
8. Employee Data Card / Emergency Contact Information
9. Employee Orientation Checklist
10. Personnel Action Form - Provide copy to Financial Secretary
11. Safe Conduct Policy Receipt Acknowledgement
12. Drug Free Workplace Policy Acknowledgement

WHAT SHOULD BE KEPT AND MAINTAINED IN AN EMPLOYEE'S FILE

1. Employee Application – Safe Conduct Policy Format
2. Copy of resume and any certifications
3. Interview Notes – candidate notes, notes from reference interviews
4. Letters of Recommendation – (If Applicable)
5. Copy of Offer Letter
6. Signed Receipt of Employee Handbook
7. Disclosure and Authorization for Release
8. Safe Conduct – Tier 1 Clearances – Update every 3 years
 - a. Pennsylvania Child Abuse History Clearance
 - b. Pennsylvania State Police Criminal Record Check
 - c. Safe Conduct Federal Bureau of Investigation – FBI Criminal Background Check
9. Safe Conduct – Tier 2 Clearances – Praesidium Background Check System – Update every 3 years as per Safe Conduct Policy
 - a. National multi-state criminal records search
 - b. National sex offender registry search
 - c. Social Security Number Trace and Alias Search
10. Safe Conduct Policy Background Investigation Results Form
11. Safe Conduct Policy Training Records – Transcripts from Praesidium
12. Signed Policy Receipt Acknowledgement – Safe Conduct Policy
13. I-9 Employment Eligibility Verification Form *
 - a. Keep in a separate file
 - b. Must include forms of I.D. supplied with I-9 from employee
14. Personnel Action Notice Forms
15. Record of Job Skill Testing – (If Applicable)
16. Employee Data Record – Emergency Contact Information

17. Annual Employee Evaluations
18. Alcohol & Drug Testing Records
19. Leave of Absence / Sabbatical Leave Requests
20. Record of Disciplinary Action
21. Record of Termination – Employee Resignation Letter – (If Applicable)
22. Exit Interview & Other Paperwork

*** Important Footnotes**

Form I-9 Employment Eligibility Verification Form must be kept on file for 1 year after an employee terminates or 3 years after the employment hire date, whichever is later.

Form I-9 Instructions are included in this manual and should be reviewed to make sure the most updated instructions are available.

Form W-4 and other Payroll Authorization Forms should be in a separate file maintained by the Financial Secretary. The W-4 should be given to a new employee as soon as they are hired. They should complete it and return it to the Financial Secretary before the first pay day. If they do not return the W-4, the Financial Secretary is required to withhold federal tax as if the employee had checked Single or Married Filing Separately in Step 1 c of the form and made no entries in Step 2, Step 3, or Step 4 of form W-4.

Employment files should be audited by the Personnel Committee every 2 years to ensure all records are on file and secure. Electronic copies are to be maintained as well.

PERSONNEL RECORDS RETENTION POLICY

I. PURPOSE

The maintenance and security of employment records at Fairhill Manor Christian Church is vital so that information can be easily retrieved when needed, meets the compliance of federal and state laws, and is protected from potential theft and disaster. The church has invested in equipment to digitize church records and Carbonite a back-up system that regularly backs up digital records to the cloud for further security and quick access.

II. RECORDS RETENTION

This policy provides recommended retention periods for critical employment records. It is suggested that employee records have two main files. Files for active employees and files for inactive employees. It is also recommended that the storage and security of these file records be reviewed at least every two years by the Personnel Committee. The chart below identifies the key employee records that should be maintained in an employee's file. These same records also should be set-up and maintained in directories by employee in digital format and segregated in Active and Inactive Employee directories.

**FAIRHILL MANOR CHRISTIAN CHURCH
RECORD RETENTION CHART – PERSONNEL RECORDS**

RECORD DESCRIPTION	RETENTION PERIOD
Application for Employment	Permanent
Resume & Certifications	Permanent
Employment Interview Notes	Permanent
Letters of Recommendation	Permanent
Offer Letter	Permanent
Receipt of Employee Handbook	Permanent
SCP Disclosure & Authorization for Release	Permanent
SCP Tier 1 Clearance Records	Permanent
SCP Tier 2 Clearance Records	Permanent
SCP Background Investigation Results	Permanent
Signed Receipt of Employee Handbook	Permanent
SCP Background Investigation Results Form	Permanent
SCP Policy Training Transcripts	Permanent
SCP Policy – Receipt Acknowledgement	Permanent
I-9 Employment Eligibility Form	Permanent
Personnel Action Notice Forms	Permanent
Record of Job Skill Testing	Permanent
Employee Data Record – Emergency Contacts	Permanent
Annual Employee Evaluations	Permanent
Alcohol & Drug Testing Records	Permanent
Leave of Absence / Sabbatical Leave Requests	Permanent
Disciplinary Actions or Warnings Issued	Permanent
Employee Resignation Letter	Permanent
Exit Interview Records	Permanent

FOOTNOTE:

As of the approval date of this policy the above records should be maintained in an Active Employment file and an Inactive Employment file. Any questions on items not listed here should be directed to a member of the Personnel Committee.

SECTION 4 – EMPLOYEE MANAGEMENT, TRAINING, PROBATIONARY PERIOD & TERMINATION PROCEDURES

This section covers the orientation period for new employees, the probationary period for new employees, the post-hiring process, what Fairhill Manor Christian Church does for their employees and what the church expects in return. This section also covers the employee performance evaluation process along with the employee discipline and termination process. Finally, this section includes recommendations on how to conduct an exit interview, whether or not the employee has voluntarily quit, or they are being terminated because of performance or compliance issues. An exit interview form is also included.

NEW HIRE ORIENTATION RECOMMENDED FORM & PROCESS

When a new employee is hired at Fairhill Manor Christian Church, we not only welcome them, but we provide them with an orientation process to become familiar with surroundings of the church, the work rules and safety requirements along with the understanding the building policies and who to contact if they have a question or an issue. During the orientation period, it is also an important for them to become familiar with the Safe Conduct Policy and the Employee Personal Handbook so that when employment and safe conduct forms are issued, they can be completed in a timely manner.

As part of the initial employee orientation process a New Employee Orientation Form will be completed by the supervisor with assistance from the Personnel Committee. The orientation form documents various tasks and forms that need to be completed during this period. Once all the tasks have been completed which include review and follow-up after the first week of employment, the employee will be asked to sign the form. The supervisor will then sign the form and a copy will be given to both the employee and the supervisor for future reference. A copy will be scanned into the electronic records files and the original will be placed in the employee's file.

The New Employee Orientation form can be referenced on the following page. Any questions during the process should be directed to the Personnel Committee.

**FAIRHILL MANOR CHRISTIAN CHURCH
NEW HIRE ORIENTATION FORM**

Employment Information:

Employee Name _____

Position _____

Employment Start Date: _____

Pay Rate: _____

Work Schedule: _____

First Performance Evaluation Date: _____

Social Security Number: _____

Work/Alien Permit # (If Applicable) _____

Orientation Record:

- | | |
|---|---|
| <ul style="list-style-type: none">1 Greeted by Supervisor2 Completed Employment Forms<ul style="list-style-type: none">a. I-9 Department of Immigrationb. W-4 Federal Withholding Formc. Retirement & Savings Plan Participation Formsd. Safe Conduct Policy<ul style="list-style-type: none">> Completed Application for Employment> Completed Reference Interview Form> Certification of Tier 1 Background Checks> Certification of Tier 2 Background Checks> Completion of SCP Training - Within 30 Days of Hire> Policy Receipt Acknowledgement Form> Disclosure & Authorization for Release3 Tour of church & work area4 Explain church & building rules<ul style="list-style-type: none">> Sign in after entering the church> Make sure entrance door is locked before exiting> Phone supervisor when ill or delayed5 Distribution of Employee Handbook<ul style="list-style-type: none">> Overview of Handbook> Sign-off Acknowledgement of Receipt Form | <ul style="list-style-type: none">6 Work Safety & Fire Prevention<ul style="list-style-type: none">a. Contact Supervisor in case of problem or accidentb. Location of First Aid & Emergency Equipmentc. Watch for slippery floors & stairwaysd. Get help with lifting or moving heavy objects7 Where & whom to turn in Timesheets8 How to complete Vouchers for Reimbursement of supplies and other expenses9 Review areas of budget responsibility as it relates to church expenses10 On the job training<ul style="list-style-type: none">a. Review of work materials and scheduleb. Review of Job Descriptionc. Questions and Answers11 Review & Follow-up after 1st week of employment<ul style="list-style-type: none">a. How are things going?b. Do you have any questions?c. Do you need anything?12 Importance of contacting supervisor when something is needed |
|---|---|

Orientation Completed

Employee Name: _____
Date

Supervisor _____
Date

PROBATION PERIOD POLICY FAIRHILL MANOR CHRISTIAN CHURCH

Fairhill Manor Christian Church will use a [30/60/90] day probation period for new employees. This period supports our adherence to the “at will” employment doctrine, which allows employees to leave employment at any time with or without notice or cause. It also allows Fairhill Manor Christian Church to terminate any employee at any time without notice or cause. During the probationary period, new hires will receive the following:

- Any new hire training provided by the employee’s direct supervisor or other delegated individual.
- A copy of the Fairhill Manor Christian Church Personnel Handbook.
- A copy of the Safe Conduct Policy
- Meetings with the responsible supervisor or volunteer who will provide feedback on their job performance.
- Monthly performance updates during the probation period describing how they are meeting expectations.

END OF 30-DAY PERIOD

Within 5 days after the first 30-Day probation period ends, a form will be completed by the supervisor and submitted to the Personnel Committee. The form will cite any issues that exist with the employee and list the necessary steps needed to correct them. If the employee is on track during the first 30-Day period there is a box to check on the form that will indicate that. The form will be signed by the employee and the supervisor and placed in the employee’s permanent file.

END OF 60-DAY PERIOD

Within 5 days of the end of the 60-day probation period, a form will be completed by the supervisor and turned into the Personnel Committee. The form will indicate whether the issues identified, if any, within the first 30 days of probation have been corrected and whether there are any new issues that need be addressed. These issues will be documented on the form and the supervisor will work closely with the employee to correct them. The form will be signed by the employee and the supervisor and placed in the employee’s permanent file.

END OF 90 DAY PERIOD

At the end of the 90-Day period a decision will be made by the supervisor in communication with the Personnel Committee and the Pastors as to whether the person is a good fit to remain an employee in the position for which they were hired at Fairhill Manor Christian Church. If the employee has passed the probation period it will be communicated to them. If the employee has not had an acceptable probationary period then the guidance below should be followed.

§ 315.804 Termination of probationers for unsatisfactory performance or conduct. Source Cornell Law Institute

(a) Subject to § 315.803(b), when an agency decides to terminate an employee serving a probationary or trial period because his work performance or conduct during this period fails to demonstrate his fitness or his qualifications for continued employment, it shall terminate his or her services by notifying him or her in writing as to why they are being separated and the effective date of the action. The information in the notice as to why the employee is being terminated shall, as a minimum, consist of the agency's conclusions as to the inadequacies of his or her performance or conduct.

(b) Probation ends when the employee completes his or her scheduled tour of duty on the day before the anniversary date of the employee's appointment. For example, when the last workday is a Friday and the anniversary date is the following Monday, the probationer must be separated before the end of the tour of duty on Friday since Friday would be the last day the employee actually has to demonstrate fitness for further employment.

The termination notification must be signed by the employee, supervisor, and the Chairperson of the Personnel Committee and placed in the employees file as a permanent record.

The pages that follow include instructions on how to complete the probation period forms and copies of the 30-Day Period, 60-Day Period, and 90-Day Period Employee Probation Period forms. Any questions on completing the forms or the process should be directed to the Personnel Committee.

Employee Probationary Period Review Instructions

Each form that follows these instructions has areas to rate a new employee during probationary periods. When completing the forms, the supervisor should consider how well the employee's skill and know-how measure up to the requirements of their position to date. Is the employee good at adapting and applying skill and knowledge to the work situation?

Quality of Work:

Consider the amount of care and attention to detail the employee shows in his or her work. Is the employee thorough? Does the employee avoid mistakes?

Productivity:

Consider the amount of work which the employee does. Does the employee organize duties well and work rapidly? Is the employee industrious? Does the employee stick to the job and manage non-productive conversations with other employees, volunteers, or congregation members?

Cooperation:

Consider the employee's interest in the work and the dedication to the position for which they were hired. Is the employee willing to assume extra work when necessary? How do they respond to constructive criticism and are successful in dealing with others?

Dependability:

Consider the employee's attendance, punctuality, and reliability in following instructions. Is the employee frequently late or frequently absent? Does the employee need constant supervision? How well do they plan their work and finish it on time?

Ability to Work with Others:

The ability to work with our employees, volunteers, officers of the church, the pastors, members of our congregation and the outside community is what makes Fairhill Manor Christian Church the organization that it is. It is important to carefully consider the employees ability to work and cooperate with others at our church.

**EMPLOYEE PROBATIONARY PERIOD REVIEW FORM - 30 DAY PERIOD
FAIRHILL MANOR CHRISTIAN CHURCH**

Name of Employee _____ Date _____

Title _____ Date Hired _____

Name of Supervisor _____

Date 30 Day Period Expired _____

This evaluation form must be completed within 5 Days after the first 30 day period a new employee is hired. Once the form is completed by the supervisor it will be reviewed with the employee in person. Any issues that need to be addressed by the employee in the next 30 days will be documented on the form below. After the review is completed the employee will sign and date the form. The supervisor will also sign and date the form and immediately give it the Senior Pastor for review and approval. The Senior Pastor will then immediately give it to the chairperson of the Personnel Committee who will review and approve the form. A copy will then be made for the employee and the supervisor. A copy will be scanned and placed in the appropriate area of the electronic records file while the original will be placed in the employee's record file.

Area	Exceeds	More Than Satisfactory	Satisfactory	Less Than Satisfactory	Unacceptable
Application of Skills & Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consistent with the first 30 Days of Evaluation, this employee:

_____ Has successfully completed the first 30 Day Probation Period

_____ Needs to address the following items during the next 30 Day:

Overall Rating: ____ Exceeds ____ MTS ____ Satisfactory ____ LTS ____ Unacceptable ____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Senior Pastor Signature _____ Date _____

Personnel Committee Chairperson Signature _____ Date _____

**EMPLOYEE PROBATIONARY PERIOD REVIEW FORM - 60 DAY PERIOD
FAIRHILL MANOR CHRISTIAN CHURCH**

Name of Employee _____ Date _____

Title _____ Date Hired _____

Name of Supervisor _____

Date 60 Day Period Expired _____

This evaluation form must be completed within 5 Days after the first 60 day period a new employee is hired. Once the form is completed by the supervisor it will be reviewed with the employee in person. Any issues that need to be addressed by the employee in the next 30 days will be documented on the form below. After the review is completed the employee will sign and date the form. The supervisor will also sign and date the form and immediately give it the Senior Pastor for review and approval. The Senior Pastor will then immediately give it to the chairperson of the Personnel Committee who will review and approve the form. A copy will then be made for the employee and the supervisor. A copy will be scanned and placed in the appropriate area of the electronic records file while the original will be placed in the employee's record file.

Area	Exceeds	More Than Satisfactory	Satisfactory	Less Than Satisfactory	Unacceptable
Application of Skills & Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consistent with the first 60 Days of Evaluation, this employee:

- _____ Has successfully address any items from the first 30-Day Probationary Review.
- _____ Has successfully completed the first 60 Day Probation Period
- _____ Needs to address the following items during the next 30 Days
- _____
- _____
- _____
- _____

Overall Rating: ____ Exceeds ____ MTS ____ Satisfactory ____ LTS ____ Unacceptable ____

Employee Signature Date

Supervisor Signature Date

Senior Pastor Signature Date

Personnel Committee Chairperson Signature Date

**EMPLOYEE PROBATIONARY PERIOD REVIEW FORM - 90 DAY PERIOD
FAIRHILL MANOR CHRISTIAN CHURCH**

Name of Employee _____ Date _____

Title _____ Date Hired _____

Name of Supervisor _____

Date 90 Day Period Expired _____

This evaluation form must be completed within immediately after the first 90 day period a new employee is hired. If the evaluation of this last 30 day probationary period is acceptable the employee will be informed that he or she has successfully completed the 90 probation period. If there are still issues with performance of the employee and they have not have had an acceptable probationary period the termination process will commence as per the policy. In either case, after the review is completed with employee, they will sign the form and the supervisor will also sign it. The supervisor will immediately deliver it to the Senior Pastor who will review and sign the form, and pass it on to the chairperson of the Personnel Committee for review and approval. The original will be placed in the employee's record file and a copy will scanned to the appropriate area of the electronic records file.

Area	Exceeds	More Than Satisfactory	Satisfactory	Less Than Satisfactory	Unacceptable
Application of Skills & Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consistent with the 90 Day Probation Period, this employee:

_____ Has successfully completed the 90 Day Probation Period.

_____ Has not successfully completed the 90 Probationary Period and will be terminated.

Termination Date _____

Overall Rating: ____ Exceeds ____ MTS ____ Satisfactory ____ LTS ____ Unacceptable ____

Employee Signature Date

Supervisor Signature Date

Senior Pastor Signature Date

Personnel Committee Chairperson Signature Date

WHAT FMCC DOES FOR THEIR EMPLOYEES

I. PAY

The employees of Fairhill Manor Christian Church are paid bi-weekly by Direct Deposit which covers the previous two weeks that they worked.

II. RECORDING OF TIME WORKED

Employees are required to complete a timesheet to report time worked, paid vacation days, paid sick days, for non-paid absences. At the end of the 2 week pay period, the timesheets will be turned into their supervisor who will review and approve and then give to Financial Secretary for processing.

Fairhill Manor Christian Church has a Wedding Policy that covers payments for services provided for a wedding for either a member or non-member. The fee is paid in advance by the party requesting a wedding at the church and covers services for the Pastor, Wedding Coordinator, Organist, Custodian, and Sound Technician. A special form will be filled for time devoted to a wedding for the Organist, Custodian, Wedding Coordinator, and the Sound Technician., which will be approved by their Pastor and turned into the Financial Secretary for the payment of these services. Please refer to the FMCC Wedding Policy for further information.

III. WAGE DEDUCTIONS

The law requires that the church deduct social security (F.I.C.A Tax), federal income tax, Pennsylvania State Tax and Local Tax. The federal tax withholding is based on the information provided by the employee on a Form W-4. FMCC is required to provide a W-2 to each employee by January 31st of each year and to remit the payroll taxes to the appropriate authorities on a timely basis.

IV. PERFORMANCE EVALUATIONS

Fairhill Manor Christian Church takes great pride in managing their employees and providing them the training and the tools to perform their job. As a result, employee performance evaluations for non-ordained employees will be conducted at least annually prior to the completion of the annual budget.

V. RETIREMENT AND SAVINGS PLANS

Fairhill Manor Christian Church in conjunction with the Pension Fund of the Christian Church allows the Senior and Associate Pastor to participate in a Defined Benefit Pension Plan where the employer and employee can make pre-tax contributions to provide a monthly retirement benefit. There is a Tax Deferred Retirement Account (TDRA) which is a 403(b) plan that our non-ordained employees can make contributions for retirement.

There also Individual Plan Options that employees can participate in which include contributions to a Traditional and Roth IRA as well as an after-tax savings account known as a Benefit Accumulation Account. Please refer to the Appendix of Forms in this manual for more information.

WHAT FMCC EXPECTS FROM THEIR EMPLOYEES

Fairhill Manor Christian Church prides itself in serving the congregation and the community to the highest level possible. The following are the basic work rules for an employee with which a member of the Personnel Committee should become familiar with. These work rules are also listed in the Employee Handbook.

WORK RULES

A. Sexual Harassment and Substance Abuse

Harassment including sexual advances, jokes, or comments of any kind, is prohibited. An employee found guilty of such acts will be terminated. An employee being harassed by another employee, volunteer, or any other person can contact the Pastor or any Personnel Committee member. Please refer to the FMCC Safe Conduct Policy manual for further information.

Substance abuse is defined as the use of illegal drugs and/or the abuse of legal drugs or alcohol.

If abuse in either case is suspected, an investigation will be conducted by the Personnel Committee at the request of the Pastor. If substance abuse or the violation of the Safe Conduct Policy by an employee is substantiated after investigation, the Personnel Committee will make a recommendation to address the situation to the church management of how to address the situation, after consulting legal counsel if appropriate

B. Personal Appearance

Employees are expected to dress in an appropriate and professional manner and to be bathed and neatly groomed. A pastor or the Personnel Committee may call the employee's attention to any dress or grooming not deemed appropriate. Their decisions are final and any further dress or grooming in that style could lead to disciplinary action.

C. Smoking

Fairhill Manor Christian Church is a smoke-free environment. If an employee smokes, they can only smoke outside the church building and away from all entrances. At the time of the approval of this manual, the Personnel Committee recommends having signs reading "No Smoking Beyond this Point"

D. Causes for Employee Termination without Formal Warning

The items listed below are for an employee's protection and to give FMCC the legal grounds for acting against an employee who could prove dangerous to the well-being of the church. The church may terminate an employee without formal warning if the employee engages in any of the following actions or behaviors.

1. Willful damage or gross negligence to church property.
2. Possession of a weapon on church premises.
3. Drinking, intoxication, or possession of alcoholic beverages on the job.
4. Being under the influence of narcotics, use of narcotics, or possession or solicitation of narcotics for use while at work, other than prescription drugs as prescribed by a physician.
5. Gambling on church premises.
6. Absence without authorization for three or more workdays (consecutive or otherwise) during any consecutive 12 months.
7. Disclosure of confidential or sensitive church information.
8. Assaulting or fighting with another employee, volunteer, or a member on church property, on or off duty.
9. Conviction of a felony or serious misdemeanor.
10. Willful falsification of church records, such as an employment application, payroll information, or financial or insurance records.
11. Absence from work beyond the period for which a leave of absence has been granted by the church.
12. Taking other unauthorized employment while on a leave of absence.
13. Theft of church property.
14. Willful violation of church policy.
15. Engaging in view or distributing pornographic material on church premises.

E. Work Safety

1. Employees must report any accident by any employee or church visitor to the supervisor immediately.
2. Employees must not operate any church equipment or machine unless they have received instructions and have authorization to use it.

3. Employees must be careful not to lift objects that are too heavy or bulky for them to handle. They must get help!
4. Wet floors can cause serious accidents.
 - a. Employees must wipe up any spills at once.
 - b. When a floor section is wet, SLOW DOWN
 - c. Pick up any object on a floor surface, except glass. Glass should be swept into a dustpan and placed in the trash.
5. Watch where they are walking. Be careful when walking on stairways.
6. Use a ladder-not a box or chair to reach items in high places.
7. Report any unusual occurrences in the building to a Trustee as soon as possible.

Building Maintenance

Fairhill Manor Christian Church has a large building with 3 floors that was built in 1963. As a result, it is a lot of area to clean and maintain. In order to maintain the building and keep it safe for our pastors, employees, volunteers, officers, and our congregation, we ask that all employees keep an eye out for items that may need be addressed from a repair, maintenance, or cleaning standpoint. The following form may be used to report such items. Employees, volunteers, congregation members, should complete, sign, and date the form and place it in the Chairperson of the Trustees' mailbox. The Trustees may already be aware of the issue, but the form will serve as a notification for them.

EMPLOYEE MANAGEMENT & PERFORMANCE EVALUATION PROCESS

OVERVIEW

The management of employees and providing encouragement and appreciation for the work they do for Fairhill Manor Christian Church is vital in order to drive continuous improvement, not only for the employee but also for the church. When the management of an employee is the responsibility of a volunteer, such as a Trustee or a member of another ministry, it becomes even more important. As a result, this policy requires an Employee Performance Evaluation of each Non-Ordained Employee at least annually. There are two forms that need to be completed as part of the evaluation. The first part is a Self-Evaluation Form to be completed by the employee, while the second form is an Employee Evaluation Form to be completed by the employee's supervisor. Both documents will be reviewed and discussed during the employee's annual performance evaluation in October. The employee, employee's supervisor, the Senior Pastor, Associate Pastor, and at least one member of the Personnel Committee will be required to participate in the employee's evaluation.

The completion of the evaluation of each non-ordained employee will be initiated by the Personnel Committee and must be completed by November 1st of each year. As a result, it is recommended that the process be started by October 1st of each year to allow enough time for the evaluation forms to be completed by all parties.

The results of the employee performance evaluations will be used to drive continuous improvement and help formulate merit raises for each employee. Each employee's evaluation will be reviewed by the Personnel Committee and the Pastors to help formulate employee pay increases each year that will be factored into the annual budget for the church. The Personnel Committee will work directly with the Stewardship/Finance Ministry to formulate the initial budget assumptions for pay increases to ensure that the final assumptions that are placed in the annual budget are accurate prior to the presentation of the budget to the board in November. The pay increase assumptions will consist of a Cost-of-Living Adjustment and an Employee Performance Adjustment. All pay adjustments must be approved by the board and documentation must be kept in the employee's file by completing the Personnel Action Notice form.

PERFORMANCE DEFINITIONS

Once a supervisor or direct report person has evaluated an employee on each position factor or goal, the supervisor will determine the "Overall Evaluation" of an employee. The performance ratings are listed as follows:

1. Outstanding (O): This rating is to be used when performance is substantially higher than what is required. A rating of this level indicates that the individual consistently makes superior contributions to the organization and requires minimal supervision.
2. Excellent (E): This rating indicates that performance is consistently above position requirements and is marked by initiative and high quantity and quality of work.
3. Good (G): Performance meets the position requirements. Such employees may be capable of achieving an "Excellent" evaluation or may not be capable of better performance.
4. Marginal (M): This rating indicates an employee is performing some position duties satisfactorily and others unsatisfactorily. A "Marginal" overall evaluation denotes performance deficiency and may constitute a first written warning. Such an evaluation requires that the employee be appraised again in 30, 60, or 90 days (depending on the time required to rectify the performance deficiency and as determined by the supervisor and/or the pastor). If, at the time of the second appraisal, the performance has improved, that will be communicated to the employee and the performance portion of the annual salary increase will be considered. If, at the time of the second appraisal, performance has not improved, the evaluation constitutes a second warning and could result in termination of employment.
5. Unsatisfactory (U): The overall performance of an employee is judged to be below the requirements for the position and is unacceptable. Prior oral/and written notice of "Unsatisfactory" performance may have been given to the employee. Prior to initiating termination action, the Pastor, supervisor, and Personnel Committee will make the final determination as to whether the employee should be terminated.

COMPLETION OF THE PERFORMANCE EVALUATION FORMS

It will be the responsibility of the Personnel Committee to initiate the Employee Evaluation Process each year. It is recommended that the self-evaluation forms be distributed to the non-ordained employees on October 1st of each year for them to complete by October 15th. Also, by October 1st of each year the Performance Evaluation forms will be distributed to the supervisor of each employee for them to review and complete prior to the employee's evaluation. Shortly after mid-October, each employee will be contacted to schedule their evaluation. The first part of the evaluation will cover the Self-Evaluation Form for the employee and discussed with them. The second part of the evaluation will be a discussion with the employee about their evaluation based on the ratings provided by the supervisor. The discussions will cover current year performance and goals achieved and goals the employee and the supervisor agree upon for the following year. All forms will be signed by the employee, the supervisor, and the Chairperson of the Personnel Committee. A copy will be provided to the employee, a copy will be maintained in the electronic records file of the church, and a copy will be placed in the employee's file.

Please refer to the following pages for the evaluation forms that are required to be used. Questions when completing the forms should be directed to the Personnel Committee.

Once the evaluations are completed the recommended merit increases will be communicated to the Stewardship/Finance Committee by the 5th of November so that final salary changes for the budget can be made. At the board meeting in November the Stewardship/Finance Committee will present the budget to the board for review and approval. Any changes or corrections that need to be made will be made prior to the budget being presented to the congregation in December. Once the budget has been approved the salary increases for each employee will be discussed with the supervisors, Pastors, and Personnel Committee so that consistent communications can be made by the supervisors to the employees regarding their increases. Those communications to the employees are to be completed by January 1 of the following year.

**FAIRHILL MANOR CHRISTIAN CHURCH
EMPLOYEE FEEDBACK FORM**

EMPLOYEE NAME _____

EVALUATION PERIOD _____

JOB TITLE _____

ARE ALL YOUR NECESSARY CLEARANCES ON FILE? _____

PLEASE COMPLETE THIS FORM AND RETURN TO THE CHAIRPERSON OF THE PERSONNEL COMMITTEE YOU WILL BE CONTACTED AS TO WHEN YOUR REVIEW WILL BE COMPLETED.

1.) In the space below please provide a Self-Description of your job position at Fairhill Manor Christian Church.

--

2.) In the space below please list what you find most fulfilling in your job.

--

3.) In the space below please list what you find most challenging in your job.

--

4.) In the space below please list areas of your job description you need clarification on.

--

**FAIRHILL MANOR CHRISTIAN CHURCH
EMPLOYEE FEEDBACK FORM**

EMPLOYEE NAME _____

EVALUATION PERIOD _____

JOB TITLE _____

ARE ALL YOUR NECESSARY CLEARANCES ON FILE? _____

5.) In few sentences are you clear about what you are responsible for as it relates to your job?

6.) Do you have any ideas of how to make your job better and more beneficial to the church?

7.) Please list any resources, training, equipment, or supplies that you are needing to make your job easier, more efficient, or more fulfilling.

8.) In what ways can the church or the Pastors make your job better?

**FAIRHILL MANOR CHRISTIAN CHURCH
EMPLOYEE FEEDBACK FORM**

EMPLOYEE NAME _____ EVALUATION PERIOD _____

JOB TITLE _____ ARE ALL YOUR NECESSARY CLEARANCES ON FILE? _____

9.) In the space below please identify three ways your wish to make improvements in your job in the next six months and year.

10.) Please list two or three job performance goals you would like to establish for yourself for 2022?

Employee Signature

Date

**FAIRHILL MANOR CHRISTIAN CHURCH
EMPLOYEE PERFORMANCE APPRAISAL FORM**



Employee Name: Job Title: Date of Review

1 Please rate the Quality of Work - Comments should focus on quality, accuracy, and the timeliness of the work completed.

Outstanding Excellent Good Marginal Unsatisfactory

Comments

2 Please rate the individual's Work Habits. This would include the planning and organization of work and the care of equipment and supplies.

Outstanding Excellent Good Marginal Unsatisfactory

Comments

3 Please rate the relationship other people. Their ability to get along with others and their effectiveness in dealing with our congregation and the outside public.

Outstanding Excellent Good Marginal Unsatisfactory

Comments

4 Please rate the dependability of the individual. This includes the degree to which the employee can be relied on to work steadily and effectively; punctuality; regularity of attendance.

Outstanding Excellent Good Marginal Unsatisfactory

Comments

5 Please rate the level of initiative of the individual. Resourcefulness; versatility; originality; ability to conceive and strive for continuous improvement.

Outstanding Excellent Good Marginal Unsatisfactory

Comments

**FAIRHILL MANOR CHRISTIAN CHURCH
EMPLOYEE PERFORMANCE APPRAISAL FORM**



Employee Name: Job Title: Date of Review

6 Please rate the ability to adhere the policies of our church. Include operational and safe conduct policies.

Outstanding Excellent Good Marginal Unsatisfactory

Comments

OVERALL PERFORMANCE RATING

Outstanding Excellent Good Marginal Unsatisfactory

SUPERVISOR'S COMMENTS ON OVERALL EMPLOYEE PERFORMANCE

EMPLOYEE'S COMMENTS

SPECIFIC ACTIONS EMPLOYEE MUST TAKE TO IMPROVE PERFORMANCE. PLEASE SPECIFY A TIMELINE FOR THOSE IMPROVEMENTS

Employee's Signature _____

Date _____

Associate Pastor Signature _____

Date _____

Senior Pastor Signature _____

Date _____

Personnel Committee
Chairperson _____

Date _____

EMPLOYEE DISCIPLINE & TERMINATION PROCEDURES

I. PURPOSE

To ensure that the employees of Fairhill Manor Christian Church are treated fairly regarding discipline undertaken to correct undesirable work performance.

II. PERSONNEL COVERED

Nonordained Staff

III. RESPONSIBILITY FOR ADMINISTERING

Employee Supervisor, Pastors, & Personnel Committee, Pastors are members of the Personnel Committee

IV. POLICY

Employees with three or more months of employment may not be terminated unless:

1. At least one written notice has been given on the appropriate performance evaluation form for a similar or different offense in the preceding 12-month period that would be cause for termination of employment.
2. The employee has been given a reasonable time period to correct the deficiency.
3. At least one level of supervision above the offending employee has approved the termination on the performance evaluation form.

V. PROCEDURE

1. **Written Warning:** An oral warning is usually given to an offender prior to issuing a written warning.
2. **Examples of situations justifying Written Warning notices:**
 1. A performance evaluation overall rating of "Marginal" or "Unsatisfactory."
 2. Unauthorized or unexcused absenteeism.
 3. Repeated tardiness.
 4. Violation of work or safety rules.
 5. Improper relations or sexual harassment.
 6. Violations of the FMCC Safe Conduct Policy
3. **Documenting a Performance Deficiency:** When a situation justifies a written warning, the action must be documented. The performance evaluation form is to be used for a formal warning. The written warning should contain in detail the reason for the warning together with the corrective action the employee must take. A time limit of one to three months (or a reasonable

time period to enable the employee to correct the deficiency or improve her or his performance for the corrective action) must be noted on the evaluation form. The written warning must be reviewed with the employee, and the employee should sign it, or a notation should be made by the supervisor that the warning was read to the employee and that she or he refused to sign it.

4. The administration of an oral or written warning should always be done in private. It is best to have 3 people present instead of only 2.
5. **Suspension for Fact Finding:** Normally, employees who commit or who are suspected of committing any violations, (see section of Reasons for Termination without Notice), should be suspended for a period not to exceed three days, during which a full investigation of the circumstances is to be made. The employee must be advised at the time of suspension that the investigation will be conducted and that they will be advised of the decision reached within three days. All facts must be obtained and reviewed with the Pastors and Personnel Committee for approval prior to making the final decision. When a decision has been reached, the employee must be advised of the decision in person.
6. **Suspension for Discipline:** Suspension of an employee from work is a serious penalty and should be imposed only in extreme situations. Gross insubordination or an instance in which an employee commits or is suspected of committing a serious violation of church policy are examples of instances that justify suspension of one to three days maximum until a decision is reached concerning termination. Please reference the section of Reasons for Termination without Notice for additional reasons warranting suspension for disciplinary action.
7. **Distribution of a Warning:** A copy of the warning must be given to the offending employee; the supervisor retains a copy, and a copy is placed in the employee's personnel file.

VI. INVOLUNTARY TERMINATION

Because of the unsettling impact that a termination without notice has on an employee and the job security of all personnel in general, it is vitally important that such termination be administered with fairness and in good taste. A termination without notice should only take place after careful review of all the facts and only after approval of the Pastors, Personnel Committee, and Church Officers.

- A. **Less than Three Months of Employment:** All employees are considered to be in a "probationary training status" during the first three months of employment. During this time, performance and suitability for a position are to be carefully evaluated. At any time during the first three months of employment, an employee may be terminated without written notice if the facts support the action. The facts must be presented to Pastors and the Personnel Committee for review and consideration before any action is taken.
- B. **Three Months or More Employment:** All employees with three or more months of employment must be given a written warning prior to termination which is explained V.3. above.
- C. **Permanent Reduction in Workforce:** An employee who is terminated because of a permanent reduction in membership or church restructuring that permanently eliminates her, or his position shall be considered as having been terminated because of a reduction in force. Employees terminated due to reduction in force shall be determined on the basis of job performance. Seniority will be considered when performance has been determined to be equal.
- D. **Reasons for Termination without Notice:** The following violations will result in termination without warning or advance notice.
1. Willful damage or gross negligence to church property.
 2. Possession of a weapon on church premises.
 3. Drinking, intoxication, or possession of alcoholic beverages on the job.
 4. Being under the influence of narcotics, use of narcotics, or possession or solicitation of narcotics for use while at work, other than prescription drugs as prescribed by a physician.
 5. Gambling on church premises.
 6. Absence without authorization for three or more workdays (consecutive or otherwise) during any consecutive 12 months.
 7. Disclosure of confidential or sensitive church information.
 8. Assaulting or fighting with another employee, volunteer, or a member on church property, on or off duty.
 9. Conviction of a felony or serious misdemeanor.
 10. Willful falsification of church records, such as an employment application, payroll information, or financial or insurance records.
 11. Absence from work beyond the period for which a leave of absence has been granted by the church.
 12. Taking other unauthorized employment while on a leave of absence.
 13. Theft of church property.

14. Willful violation of church policy.
15. Engaging in viewing or distributing pornographic material on church premises.

VII. VOLUNTARY RESIGNATION

- A. Employee Notice to FMCC: A nonordained employee is expected to give notice at least 1 month in advance of employment termination. This will include the Choir Director, Organist, Financial Secretary, Administrative Assistant, Wedding Coordinator, and Custodian.
- B. An ordained employee is expected to give notice of at least three months in advance of employment termination. (See Article 7, Section D in the FMCC church constitution).

GUIDANCE ON CONDUCTING AN EXIT INTERVIEW

The primary purpose of conducting an exit interview is to identify opportunities for improvement within the church and staff culture. A well-designed exit interview will allow you to see patterns in feedback from departing staff, understand the reasons people are leaving, and identify actions that can be taken to avoid future loss of valuable employees.

Unfortunately, most churches miss the opportunity to learn from departing staff. They don't realize that performing an exit interview is an opportunity to learn how their staff team, supervisors, and church can improve employee satisfaction and retention.

Typically, you are most interested in the feedback of employees who voluntarily terminate their employment with your church. However, don't miss the opportunity to ask for feedback from employees you terminate for performance related issues. You may obtain useful information, such as why they think they underperformed and how church leadership could have better supported them. Nearly every exit interview should help you identify opportunities for improvement within the organization.

Exit Interview Best Practices

A key to conducting a successful exit interview is to create a culture in which the exiting employee feels comfortable in providing honest feedback. A culture that fosters honest exit interview feedback is one in which staff are accustomed to sharing ideas openly, encouraged to evaluate church programs and processes, and never rebuked for sharing their opinions and ideas. An organization that consistently seeks feedback from employees and takes corrective actions based on what it has learned creates a culture of helpful feedback.

Other best practices include:

#1. Consider asking a third party to conduct the exit interview. Rarely is it wise for the employee's immediate supervisor to be involved, and then only if the exiting employee requests their presence. Other staff such as the Pastors and representatives of the Personnel Committee are good resources. Bottom line, find interviewers who engender trust and openness.

#2. Ask the departing employee how they would like for you to share their information.....with the Pastor, immediate supervisor, Personnel Committee, or only combined with other exit interviews in aggregate form? Or should it remain confidential with the interviewers? Encourage them to be honest and assure them you will only use the information in the manner they approve.

#3. Remind the interviewee that they are bound not to talk about this interview or their performance in a future reference call and that no feedback shared will be used against

them. State clearly the purpose of the interview is to improve employee satisfaction and retention.

#4. Exit interviews are most commonly conducted in person. Some organizations prefer a written survey, but most find talking personally with the departing employee provides more opportunity to completely explore and understand their views and the dynamics surrounding their departure.

#5. Use the exit interview to better understand the positive aspects of serving as a member of church staff that can be further enhanced.

#6. Process the information and use it to develop a list of actionable items. If given permission, share key points from the meeting with relevant individuals.

#7. Make sure that every exit interview contains the single most important question that needs to be asked of the departing employee: you want to know what caused the employee to start looking for a new job or to be receptive to a new offer in the first place.

Sample Exit Interview Questions That Gather Actionable Information

The exit interview questions asked are key to obtaining actionable information. Below are sample exit interview questions. Use any combination of these questions in the church.

- 1) What caused you to start looking for a new job?
- 2) Did you share your concerns with anyone in church leadership?
- 3) What does your new church or new place of employment offer?
- 4) How was your relationship with your immediate supervisor?
- 5) What could your supervisor do to improve his or her leadership/management style?
- 6) In general, what are your views about church leadership?
- 7) What did you like most about your job?
- 8) What did you dislike about your job? What would you change about it?
- 9) Do you feel you had the resources and support to do your job well?
- 10) Were your job responsibilities characterized accurately when you were interviewed?

- 11) Did you have a clear understanding of what was expected of you in your job?
- 12) Do you feel you had a reasonable workload?
- 13) Did you receive adequate ongoing feedback about your performance?
- 14) Did you receive the necessary resources to perform your job effectively?
- 15) Did the church leadership care about you enough to help you succeed in your job?
- 16) Did you clearly understand and feel a part of the church's mission, vision, and goals?
- 17) Did you find the support culture at our church beneficial to you?
- 18) Do the policies and procedures of the church help to create a fair place to work?
- 19) Do you have any recommendations regarding our compensation program?
- 20) What are the key qualities and skills we should seek in your replacement?
- 21) Can you offer any other comments that will enable us to further understand why you are leaving, how we can improve, and what we can do to become a more effective church and better place to serve?

Questions Not to Ask

Exit interviews give employees an opportunity to provide their opinions and share what led to their decision to leave. However, you need to be careful not to encourage negativity or fuel hurt feelings in any of the following ways:

- 1) Avoid asking questions about specific people, instances, or issues.
- 2) Don't insert your opinions into the conversation.
- 3) Don't feed church gossip. It's never constructive and is not productive.
- 4) Don't say anything that could be construed as slander.
- 5) Don't say anything that could be a risk to the church.
- 6) Don't get into personal issues. Keep the conversation professional and work-related.

7) Don't try to convince the employee to change their mind and stay in their current job.

Obviously, the best time for a staff member to discuss their concerns, dissatisfaction, and suggestions is while they are still employed, not on their way out the door. Make sure your church provides multiple opportunities to gather and learn from employee feedback, including **employee surveys** and **regular reviews**.

Finally, prepare yourself to be criticized and to not become defensive. Remember, what you hear is probably not the entire story. Your defensiveness isn't going to change their decision and could even contribute to further hurt. End the exit interview meeting on a positive note. Commit to using the information provided to improve the church's workplace. Wish your exiting employee success in his or her new endeavor. End the exit interview graciously and with prayer.

The exit interview, when conducted properly, provides useful information about how to make the church a better place in which to work. Conduct them wisely. The form that follows this page should be used to document the exit interview. Feel free to utilize the sample questions above as a reference as well.

**FAIRHILL MANOR CHRISTIAN CHURCH
EXIT INTERVIEW QUESTIONNAIRE**

Your opinions concerning your employment are of value to us and your response will enable us to develop policies and practices that address the needs of our employees.

1. What are your reasons for leaving? _____

2. What steps might have been taken that would have prevented you from leaving? _____

3. Have you secured another job? If YES, how does it compare to the one you are leaving? _____

4. When you started your job at Fairhill Manor Christian Church, were you informed of your duties, hours of work, pay rate, immediate supervisor? _____

5. Do you have suggestions or comments for improvements? _____

The Job

1. Did you have the opportunity to use your skills in this position? _____

2. Do you feel you were adequately recognized for the work you performed? _____

3. Do you feel you contributed to the church's goals and objectives? Why, or why not?

4. Was your workload reasonable? _____

5. When necessary, were you allowed a sufficient amount of time to complete assignments? _____

6. Were proper authority and responsibility delegated to your position? _____

7. Do you believe you received fair pay for the work which you performed? _____

Your Supervisor and Co-Workers

1. Did you and your supervisor have a productive working relationship? _____

2. Was your supervisor willing to discuss your needs or problems? _____

3. Did your supervisor regularly review your performance? _____

4. Were your co-workers friendly? _____

5. Were your co-worker's cooperative? _____

Communications, Policies and Practices

1. Do you feel church leadership is interested in the welfare and satisfaction of our employees? _____

2. Do you feel you were kept properly informed about ministry policies and developments?

3. Was the salary review process adequately explained to you? _____

4. Was the performance evaluation program effective? _____

Working Conditions and Benefits

1. Were your physical working conditions appropriate? _____

2. Were career development opportunities provided? _____

3. Do you feel there were promotion opportunities? _____

4. Do you feel your ideas for improvement were heard/well received? _____

5. Were you satisfied with the employee benefits such as sick leave, vacation, retirement plan, etc.? _____

6 Did the skills you learned at Fairhill Manor Christian Church help you to advance your future job opportunities? _____

7 Were you satisfied with Fairhill Manor Christian Church as a place to work? _____

8 If a friend of yours were looking for a job, would you recommend that she or he apply for work here? _____

Employee Name/Signature _____

Position/Title _____ Date _____

Supervisor Name/Signature _____ Date _____

Pastor Name/Signature _____ Date _____

Personnel Committee Chairperson Signature _____

Date _____

SECTION 5 – EMPLOYEE JOB DESCRIPTIONS & ORGANIZATIONAL CHART

Section 5 of the policy documents employee job descriptions by position and includes the organizational chart for Fairhill Manor Christian Church. The job descriptions are to be reviewed by the Personnel Committee with the Senior and Associate Pastor by August 1 of each year prior to the start of the annual budget process. The organizational chart which follows the job descriptions in this manual is to be updated in January of each year after new officers and ministry members are installed. It will be the responsibility of the chairperson of the Personnel Committee to make sure the requirements are completed and that the new documents are placed in the Personnel Committee Policy Manual. In addition, a copy of the new organization chart and Personnel Committee Policy Manual will be given to the Administrative Assistant to post on the church website.

Position: Senior Pastor

Department: Pastoral Ministry

Employee Name: Chris Stillwell

Date Reviewed: 10/27/2022

Supervisor's Name: FMCC Congregation

Leading Worship

- Weekly Worship Services
- Preaching the Word
- Coordinate parts of the Worship Service with Choir Director
- Maintain a list of volunteers to take part of the church service
- Develop additional Worship Services as required

Spiritual Care

- Praying for the Congregation and identifying prayer needs
- Meet with the Elders to monitor spiritual help
- Being available for church members for counsel

Christian Education

- Leading Christian Education Classes
- Coordinating Teaching Activities
- Work with Associate Pastor on Youth Programs
- Leading membership classes for baptismal candidates
- Develop Bible Studies for the Congregation

Administration

- Work with Church Board to make operating decisions
- Work with Trustees to manage church property and grounds
- Work with Stewardship/Finance on Budget and Stewardship Campaigns
- Work with Administrative Assistant on day-to-day activities

Other Duties

- Weddings and Funerals
- Represent the church to the wider community

Position: Associate Pastor

Department: Pastoral Ministry

Employee Name: Gena Sheller

Date Reviewed: 10/27/2022

Supervisor's Name: Chris Stillwell

Summary Job Description

The position of Associate Pastor at Fairhill Manor Christian Church is to serve the church in the following ways:

Leader of Comprehensive Educational Ministry

- Providing pastoral leadership for the Educational Ministry of the church, ensuring that the ministry is in alignment with the church's vision and Statement of Calling
- Work with the Senior Pastor to envision strategic goals and plans for a comprehensive and progressive educational ministry for all ages
- Together with lay leadership re-envision youth and children as part of the congregation
- Oversee the equipping of existing lay leadership, providing ongoing training opportunities and resources, and identifying, training, and sustaining new lay leadership for educational ministries
- Developing, reviewing, and or selecting educational curriculum with the lay leadership, including the ministry leader of Christian Education
- Building relationships with parents, children, and members for the congregation
- Assisting and leading the congregation in creating a welcoming atmosphere for young families at our church

Worship Leader

- Assist the Senior Pastor in weekly worship leadership
- Participate in preaching ministry as determined together with the Senior Pastor

- Focus attention on children's unique worship needs and equipping parents and adults to worship together with children and youth
- Integrate children and youth in worship leadership

Other Expectations

- Design and implement a security screening system for volunteers and paid workers in all programs that involve minors, to ensure the safety and security of those minors
- Abide by the Safe Conduct Policy
- As pastoral staff, prepare board reports, year-end reports, and contributions to newsletters
- Coordinate the care of the congregation together with the Elders in the Senior Pastor's absence
- Meet regularly with the Senior Pastor and staff to pray, discern the Spirit's movement in the congregation, and sustain a strong and transparent leadership of the congregation
- Attend the Regional and General Assemblies when possible, and seek opportunities for continued growth in ministry

Position: Administrative Assistant

Department: Administration

Employee Name: Karen Thomas

Date Reviewed: 10/27/2022

Supervisor's Name: Associate Pastor & Senior Pastor

Summary Job Description

The Administrative Assistant is an important position at Fairhill Manor Church as it provides key communications on a regular basis to the congregation and serves the Church, the Senior Pastor, and the Associate Pastor in a variety of functions which are listed below.

Daily

- Receive incoming mail and distribute
- Track copy count and ink/toner usage and replacement
- Check and respond to voicemails
- Check email, forwarding email to appropriate person and/or responding when appropriate
- Take accurate phone messages with date and time of call, name and phone number of the caller, and any message
- Transfer phone to personal cell phone when not in office
- Greet visitors warmly (check security camera footage prior to answering door)
- Ensure outside door remains locked

Weekly

- Record weekly attendance using pew pad sheets and PowerChurch
- Prepare accurate, well-formatted worship bulletin
- Prepare online bulletin
- Print, fold and assemble worship bulletins
- Create a well-formatted weekly email newsletter and send it to the congregation on Fridays

- Upload Manor Minutes to Website
- Place altar flower orders and ensure the flowers arrive
- Create vouchers for bills and submit to the Trustees
- Post weekly calendar of room usage using PowerChurch
- Upload calendar from PowerChurch to Website
- Communicate scheduled room changes with groups using the church
- Trim, edit and upload worship service to website

Monthly

- Prepare and distribute monthly calendar to staff
- Maintain meaningful bulletin boards with useful information for the congregation
- Compile and prepare monthly Newsletter and email as pdf
- Upload monthly Newsletter to website
- Communicate with staff and ministry and group leaders regarding Board Reports and information for Newsletter (including reminders of due dates)
- Print Attendance report from PowerChurch for Elders meetings

Every Other Month

- Compile Board Reports with page numbers and table of contents (may include typing handwritten reports)
- Email Board Reports to Board members
- Email approved Board Report to congregation

Quarterly

- Make and distribute schedules for Ushers, Greeters, Deacons, Elders and Worship Leaders
- Make weekly time sheet for janitor

Yearly

- Submit accurate information to the Disciples Yearbook
- Maintain orderly in-church mailboxes, reassigning, and re-alphabetizing with a new directory each year
- Compile and prepare Annual Report with page numbers and table of contents
- Assist Elders in reassigning Shepherding duties in PowerChurch prior to the new year
- Produce Shepherding lists, cards, and labels for Elders

Ongoing

- Maintain and publicize church calendar
- Schedule events and assign rooms for each
- Maintain current list of contacts and ensure Building Use Agreements are on file for all groups using the church
- Maintain office printer
- Track usage of printer ink using Excel spreadsheet
- Ensure computer antivirus software is current and working
- Ensure that computer files are backed-up
- Keep a current inventory of office supplies
- Communicate cost of using various office supplies to staff and ministry groups as they choose which supplies to use
- Use PowerChurch database to maintain current contact information (email addresses, phone numbers, addresses) for congregation members
- Ensure that formatting is consistent across PowerChurch entries
- Keep track of who made certain prayer requests and follow up before removing names from prayer list
- Maintain and update electronic versions of all standard forms
- Maintain petty cash with accurate records and receipts

- Keep ample postage stamps in office
- Maintain stock of Memorial Bibles and order new when needed
- Ensure that phone system is functioning properly and that outgoing messages are current

As Needed

- Prepare bulletins for weddings and funerals
- Prepare bulletin inserts (design, print, fold/cut)
- Produce flyers, tickets, sign-up sheets, etc. for ministry groups
- Prepare mailings
- Prepare certificates
- Order special flowers (poinsettia, Easter lily)
- Copy (increase size, back/front) music for Choir Director
- Download Sunday School material for BYKOTA class
- Prepare thank you and notification cards for memorial donations received
- Assist Pastors in ordering supplies and materials

Skills

- Save and distribute electronic files as pdf
- Use godaddy.com and soundcloud.com to upload files to website
- Combine two or more pdf files into one
- Save files to office computer with meaningful names and in organized directories
- Scan and save paper files to the computer
- Become familiar and able to use all functions of PowerChurch (e.g., producing reports, mailing labels, updating information, event scheduling)
- Interact by phone and in person with members of the congregation and the public

- Keep confidentiality
- Maintain orderly and useful church email inbox, folders, contacts, and contact lists
- Address envelopes with labels or by direct printing
- Label and file standard forms electronically for easy access
- Microsoft Word: mailing labels, envelopes, tables, text boxes, formatting, alignment, fonts, printing in various configurations, etc.
- Resize documents using computer or printer software (not retyping)
- Print 1 □ 2 sided, 2 □ 1 sided, etc.
- Microsoft Excel: creating and updating spreadsheets
- Obtain and use images legally
- Learn process of updating website calendar and events
- Access and use security camera software
- Use appropriate channels to communicate with groups housed in the church building, refraining from making decisions that should be directed to the Pastors or Trustees

Qualities

- Initiative to do what needs to be done within scope of position
- Willingness to ask questions about what is not understood
- Able to work independently
- Receptive to constructive criticism
- Willingness to learn and adapt to changes
- Always trying to make things better and more efficient, willing to make recommendations toward this end

The Administrative Assistant reports to the Senior Pastor and Associate Pastor but serves several different ministries and committees in a variety of functions.

Position: Choir Director

Department: Administration

Employee Name: Jim Cope

Date Reviewed: 10/27/2022

Supervisor's Name: Chris Stillwell

Summary Description

The position of Choir Director at Fairhill Manor Christian Church leads the vocal ensemble of our church choir. A key part of the responsibility is to make sure the members of the choir attend choir practice so they can be at their best when performing in front of our congregation.

Job Description

- To prepare anthems for Sunday services. The Choir Director will select the anthems with an attempt to be relevant to the sermon topic. Introits, responses, and other service music that are sung by the choir will be selected or approved by the Director.
- Select music materials to be paid for through the worship part of the operating budget
- Prepare for services (music in folders, hymnals on chairs, rehearsal on Sundays)
- Care of choir materials: robe care and cleaning, music filing, music storage, etc.
- It is essential that the director do everything possible to have an incredibly good working relationship with the Pastors and the Organist.
- Services, such as combined Thanksgiving services or special situations; funerals, installation, etc. should be considered with regard to appropriateness or other important obligations of the Director and choir members.
- The choir director will coordinate his/her duties with the Senior Minister and the Worship Committee

Position: Custodian

Department: Administration

Employee Name: Wray Adams

Date Reviewed: 10/27/2022

Supervisor's Name: Trustees

Summary Job Description

The Custodian at Fairhill Manor Christian Church ensures that the church is cleaned and sanitized on a regular basis so that our employees, volunteers, ministry members, groups that lease the building, visitors, and our congregation can worship and perform important activities in a safe and sanitary manner. On Wednesday, September 14, 2022, the Trustees, and the chairperson of the Personnel Committee issued a new job description as shown below.

Detail of Job Description by Day of the Week

Monday

- Empty all wastebaskets in offices
- Completely clean all restrooms – upstairs (including bathrooms between Children Worship & Wonder Sanctuary and Nursery) and downstairs
- Sweep floors in stairs halls and Narthex
- Mop floors in upstairs halls and Narthex
- Check Sanctuary for paper and police area
- All Classrooms and Parlor: sweep, wipe down tables and windowsills
- Put water in drains in downstairs restrooms

Tuesday

- Empty all wastebaskets
- Completely clean all restrooms

- Vacuum Sanctuary
- Wipe down all windowsills, communion table and pulpit area in Sanctuary
- Wipe down and vacuum all office areas, choir room and parlor
- Vacuum crying room
- If you have time, dust for cobwebs

Wednesday

- Empty all wastebaskets
- Completely clean all restrooms – upstairs (including bathroom between Children Worship & Wonder Sanctuary and Nursery) and downstairs
- Sweep all hallways upstairs and downstairs
- Sweep and mop large fellowship hall, changing water often

Thursday

- Empty all wastebaskets
- Check all restrooms
- Wipe down kitchen with disinfectant
- Vacuum and mop kitchen, changing water often
- Sweep communion room and wipe everything down
- Dust for cobwebs upstairs and downstairs

Friday

- Empty all wastebaskets
- Completely clean small fellowship hall
 - Sweep
 - Wipe down everything
 - Mop Floor, changing water often
- Completely clean all restrooms – upstairs (including bathroom between Children’s Worship & Wonder Sanctuary and Nursery) and downstairs
- Wipe down all tables
- Put water in downstairs drains in restrooms
- Double check Sanctuary for Sunday Worship

Cleaning Restrooms

1. Use disinfectant cleaner on all parts of toilet
2. Clean toilet bowls and urinals with bowl cleaner and brush
3. Make sure there is a fresh urinal pad disinfectant in urinals
4. Clean sink and sink bowl with disinfectant cleaner
5. Clean mirror and dust
6. Wipe down paper dispenser, all door handles and paper holder
7. Check soap dispenser and paper
8. Mop floors
9. Have air fresheners in all restrooms
10. Clean ventilation fans in bathrooms
11. Keep restroom doors closed at all times

Additional Notes

- Wax and buff floor once a month
- Keep boiler room neat at all times
- Sweep and mop large fellowship hall after every event and at least every two weeks
- When mopping, change the water often. This is very important.
- When you have free time, dust for cobwebs
- Clean sidewalks when it snows
- Clear leaves from drain by small fellowship hall and from drain by old tulip tree
- Check calendar for upcoming events and prepare rooms to be used. After event return room furniture to default setting.
- If wastebaskets are not full do not change the bag, just empty into large trash can.

Position: Financial Secretary

Department: Administration

Employee Name: Brian Shaw

Date Reviewed: 10/27/2022

Supervisor's Name: Church Board

Summary Job Description

The Financial Secretary of Fairhill Manor Christian Church is responsible for the collection and deposit of charitable contributions made to the church from all sources, as well as the handling of disbursements made by the church to pay employees, operating bills, and any other payment obligations. The Financial Secretary is also responsible for reporting the financial results to the Church Board and Congregation.

Weekly

- Record and Deposit contributions and maintain a record for each contributor
- Pay invoices for utilities, supplies, contract services incurred, and other bills approved by the Trustees

Biweekly

- Accumulate employee time records and run biweekly payroll
- Reconcile gross payroll and payroll deductions

Monthly

- Attend and participate in Stewardship/Finance Meetings
- Remit payments for employee payroll deductions
- Reconcile monthly bank statements
- Close the financial books for the church at month-end
- Track the progress of the roof loan with Disciples Church Extension Fund
- Review Account Statements from Cetera Investments that manage the Parsonage, Permanent, Youth & Discretionary Funds.

Every other Month

- Prepare Income & Expense Statement for Board Meeting
- Prepare Reese Fund Financial Statement for Board Meeting
- Prepare Funds Activity Report for Board Meeting

- Prepare Accounting Fund Balances Report for Board Meeting
- Attend Bimonthly Board Meeting as an ex-officio member without vote to clarify any questions that arise about the budget or other financial items.

Quarterly

- Deposit trust fund taxes and other payroll taxes as required
- Complete and submit quarterly payroll reports to taxing authorities

Yearly

- Prepare the annual operating budget for the church together with the Stewardship/Finance Ministry and present to the Board for review and approval
- Review Escrow Accounts with Stewardship/Finance Ministry to maximize the various escrow balances.
- Reconcile manual and online giving donations
- Prepare and mail annual contribution statements to donors
- Prepare year-end employee W-2 and other annual payroll information returns, submit to the IRS, state, and local tax authorities
- Prepare annual 1099 information returns and submit to the IRS
- Prepare payments for Annual Reese Scholarship Awards
- Assist with the annual Stewardship Campaign Drive and compile donor commitments

Ongoing

- Address financial questions from the General Board and Trustees
- Maintain employee Masterfile payroll records

As Needed

- Provide financial expertise to Trustees and Board members regarding special financial decisions such as the PPP Loan and Capital Projects
- Alert the congregation to changes in the financial position of the church in comparison to the annual operating budget
- Review and remit payments for liability insurance, workers compensation insurance, and automobile insurance
- Make adjustments to the annual budget if necessary
- Provide information and assist in internal or external audits

Skills

- Financial and Accounting skills required
- Knowledge of computers and the use of Excel and Powerchurch Software
- Knowledge of payroll tax compliance requirements
- Must possess good communication and organization skills
- Maintain good relationship with congregation, general board, and other ministries of the church

Position: Organist

Department: Administration

Employee Name: Vacant

Date Reviewed: 10/27/2022

Supervisor's Name: Choir Director

Summary Description

The Organist at Fairhill Manor Christian is the position that provides the musical accompaniment to the worship service and helps to make the service a unique and enjoyable experience for our congregation.

Job Description

- Provide organ and piano music for the 10:15 A.M.church service each week
- Prepare weekly service music (prelude, communion music, hymns) approximately 30 minutes to 2 hours on a weekly basis
- Provide the organ or piano music for choir rehearsal one hour per week from September to June.
- Prepare for choir music
- Provide the organ or piano music for all religious services, e.g., Maundy Thursday, Christmas Eve, etc.
- Must have a good working relationship with the Choir Director, Pastors, and Choir Members
- Coordinate her/his duties with the Choir Director and Senior Pastor

Position: Wedding Coordinator

Department: Administration

Employee Name: Stacy Thomas

Date Reviewed: 10/27/2022

Supervisor's Name: Reverend Chris Stillwell

Summary Description

It is the responsibility of the Wedding Coordinator to coordinate all of the facets of the weddings being held at Fairhill Manor Christian Church. These responsibilities include activities prior to and through the completion of the ceremony. This position requires patience and considerable discretion in helping both FMCC and the bride and groom navigate their way through many details to the completion of a "faultless" and very happy day. With this in mind, the following items are part of the function of the Wedding Coordinator.

Job Description

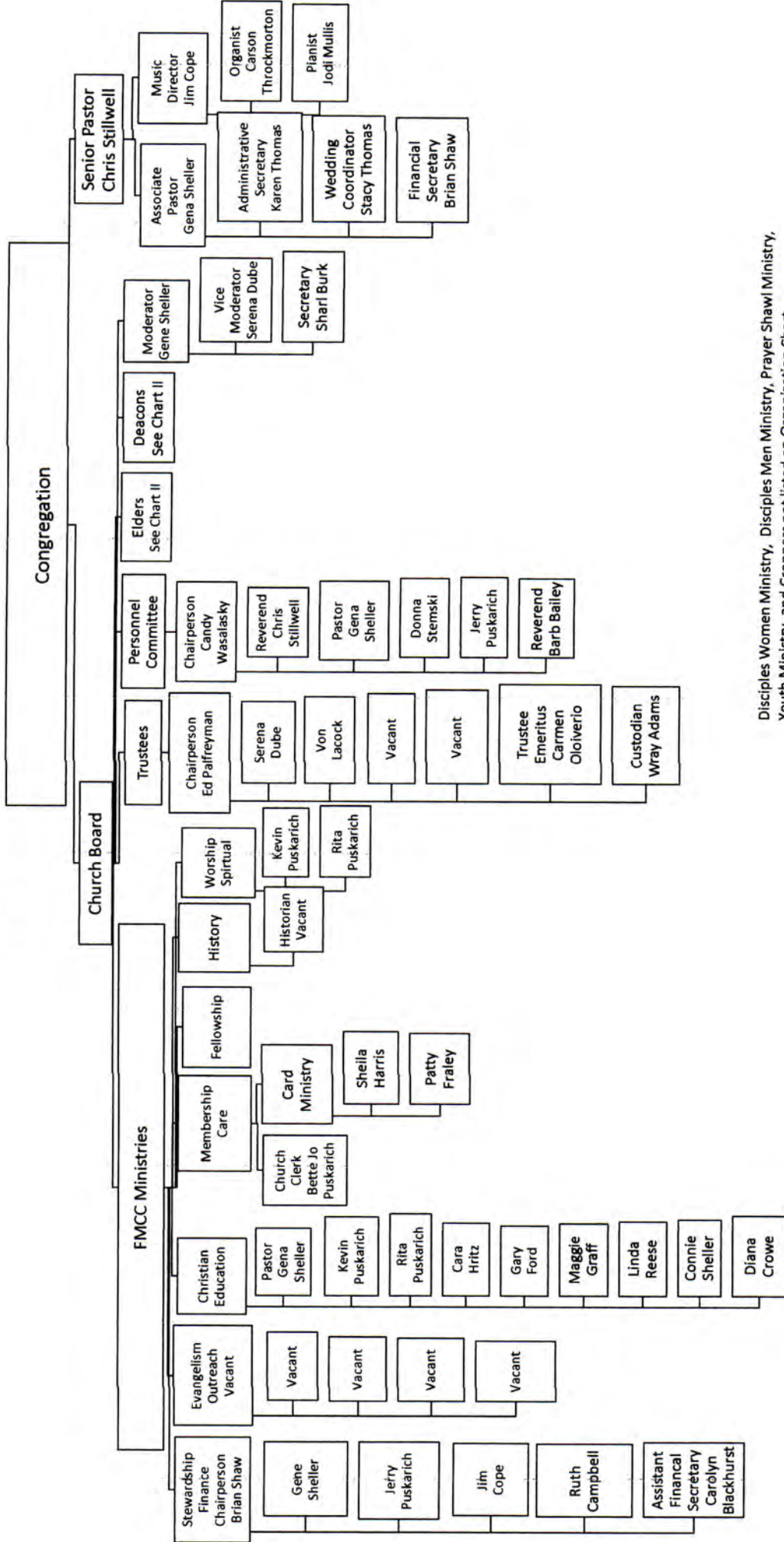
- The couple will contact the church inquiring about availability of a specific date. The Administrative Assistant will send them (via mail or email) the wedding contract which includes costs and procedures. The Administrative Assistant will also provide the couple with contact information of the Wedding Coordinator. Once the contract is completed and returned to the church with \$100 deposit enclosed, the Administrative Assistant will provide the Wedding Coordinator and the Minister with a copy.
- If the couple does not contact the Wedding Coordinator in a timely manner, the Wedding Coordinator will then reach out to them. The couple should be reminded to contact the Minister to schedule counseling and the organist to discuss music selections. The Wedding Coordinator will provide the couple with phone numbers. The couple should also be reminded that the wedding should be paid in full one (1) month prior to the wedding date (to allow the check to clear). The Wedding Coordinator will remind the couple that there is not under any circumstances, to be alcoholic beverages or smoking anywhere on church property. This includes the driveway and parking lot. It is then the responsibility of the couple to inform their wedding party and guests beforehand.
- It is the responsibility of the Wedding Coordinator to contact the Minister, organist, sound technician and custodian to keep them informed of dates and times of the rehearsal and ceremony. The Wedding Coordinator should call the church early

in the week prior to the wedding date to ensure that the air conditioning is turned on in the Sanctuary (if weather requires).

- Remind the bride and groom to bring the Marriage License and the rings the day of the wedding. Wedding Coordinator should also suggest bringing all decorations and clothing to the church the evening of the rehearsal. This makes preparation much easier the day of the wedding.
- Questions may arise regarding an aisle runner. These have proven to be a nuisance and also extremely hazardous. FMCC does not forbid using one but will strongly discourage it. Regarding pew bows, under no circumstances are they to be attached with tape. The Wedding Coordinator has special hooks that will be used. These hooks will remain in the possession of the Wedding Coordinator afterwards.
- After reminding the Custodian of the wedding, The Custodian will empty the narthex of all furniture except the benches prior to the rehearsal. The Custodian will return after the wedding to put everything back in place. This is to ensure everything is back to normal prior to Sunday Worship.
- The Wedding Coordinator will be present for the rehearsal. The wedding party will be oriented to the rooms and service areas they will be using. It would be beneficial to ask the wedding party to eat before arriving at the church the day of the wedding. It may also be suggested to bring snacks and bottled water. The Wedding Coordinator will inquire as to what time the wedding party plans to arrive the day of the wedding. The church is typically opened two (2) hours prior to the ceremony start time. If more time is requested, it is at the discretion of the Wedding Coordinator.
- The evening of the rehearsal, the Wedding Coordinator will complete a Time Sheet for each member of the Wedding Staff and get their signatures on their designated form. The Custodian's form should be placed in their mailbox since the Custodian will not be in attendance. These forms, once signed, will then be placed in one of the Trustee's mailboxes for approval.
- The day of the wedding, the Wedding Coordinator will turn on lights and air conditioning in the rooms that will be utilized by the wedding party. Unlock doors and turn on ceiling fans in the Fellowship Hall (if being used). Direct the wedding party to their designated areas. Ask the wedding party to NOT chew gum during the ceremony. The Wedding Coordinator will show the photographer around the church, including the cry room, and direct them to where the wedding party is getting prepared.

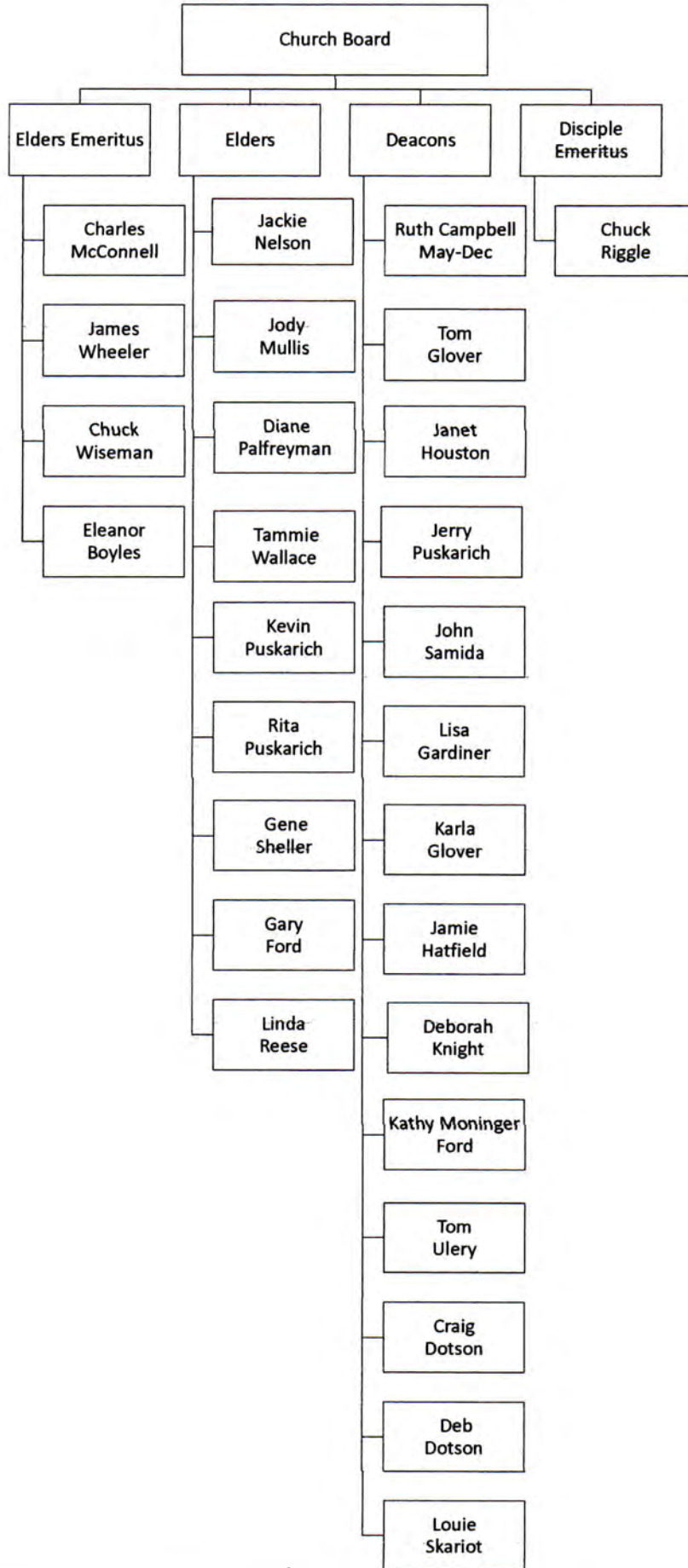
- After the ceremony, the Wedding Coordinator will stay until the church is completely empty. While pictures are being taken, proceed to tidy up and gather belongings to give to the wedding party before they depart. Remove pew bows and blow out any candles that may be burning. Make sure all trash is discarded and everything is in order before leaving the building.

**ORGANIZATIONAL CHART
FAIRHILL MANOR CHRISTIAN CHURCH
YEAR 2023 - UPDATED 02-06-23**



Disciples Women Ministry, Disciples Men Ministry, Prayer Shawl Ministry, Youth Ministry, and Croppers not listed on Organization Chart

**FAIRHILL MANOR CHRISTIAN CHURCH
 ORGANIZATION CHART #2
 YEAR 2023 - UPDATED 02/06/23**



Section 6 – Substance Abuse & Alcohol Policy

I. PURPOSE

Fairhill Manor Christian Church is a smoke-free, drug-free, and alcohol-free work and congregational space. The health and well-being of our employees, visitors and members are very important to the church. Alcohol and drug abuse pose a threat to the health and safety of our employees and all who enter our church as well as to the security of our equipment and facilities. For these reasons, Fairhill Manor Christian Church is committed to prohibiting the use of drugs and alcohol in the house of our Lord.

II. PERSONNEL COVERED

All employees, volunteers, church officers, members, contractors, visitors, or anyone else, on church property at any time.

III. RESPONSIBLE FOR ADMINISTERING

Pastors, Church Officers, & Personnel Committee

IV. POLICY

This policy provides an overview of the important practices and procedures designed to correct instances of identified alcohol and/or drug use in the church. This policy applies to all employees, volunteers, church officers, members and non-members, contractors, visitors, or anyone entering church property.

Drug-Free Awareness

Drug and alcohol misuse have a number of adverse health and safety consequences. They can have an impact on the success of the employees and volunteers and the safety and protection of the children and youth. It is strongly recommended that the employees and volunteers speak with a trusted healthcare provider for information about the impacts of drug and alcohol misuse.

Fairhill Manor Christian Church commits to assist and support employees and volunteers who voluntarily seek help for drug or alcohol abuse problems before becoming subject to discipline and/or termination under this and other policies. Such employees or volunteers may be allowed a leave of absence, referred to

treatment providers, and otherwise accommodated as required by federal, state, and local law. Employees who remain employed and are seeking help for drug or alcohol abuse problems may be required to document that they are consistently following prescribed treatment and to take and pass follow-up tests to ensure they are on a path of recovery.

It is imperative that employees and volunteers report to work fit for the duties they have committed to in the position they have taken. This requires them to report to work free of any adverse effects of illegal drugs or alcohol. Fairhill Manor Christian Church permits the legal use of prescribed drugs on the job if they do not impair an employee's ability to perform the essential functions that they have asked to do, effectively and safely without endangering others. Employees and volunteers must, however, consult with their doctors about the effect of medications as it relates to their fitness for duty and their ability to work safely and promptly disclose any work restrictions to their supervisor.

Work Rules

The following Work Rules apply to all employees and volunteers of Fairhill Manor Christian Church.

- Whenever employees and volunteers are working, operating any church vehicle, present on church property, (including parking lots or other outside buildings owned by the church), and are conducting work off-site for the church they are prohibited from:
 - Using, possessing, buying, selling, manufacturing, or dispensing an illegal drug (to include possession of drug paraphernalia).
 - Being under the influence of alcohol, marijuana or an illegal drug as defined in this policy.
- The presence of any detectable amount of illegal drug or illegal controlled substance in an employee or volunteer's body while performing church business or functions or while in a church facility is prohibited.
- Fairhill Manor Christian Church will not allow any employee, volunteer, or church officer to perform their duties while taking prescribed drugs that are adversely affecting the employee's ability to perform their job duties safely and effectively. Employees or volunteers taking a prescribed medication must carry it in the container labeled by a licensed pharmacist or be prepared to produce it if asked.

- Any illegal drugs or drug paraphernalia will be turned over by Fairhill Manor Christian Church to an appropriate law enforcement agency.

Required Testing

Fairhill Manor Christian Church retains the right to require the following tests from any or all employees and volunteers.

Pre-Employment: All candidates who have received a written offer of employment will be required to undergo testing for commonly abused controlled substances in accordance with this policy.

Reasonable Suspicion: Employees and volunteers are subject to testing based on observations by a supervisor, pastor, church officer, or personnel committee member of apparent onsite use, possession, or impairment. The Pastors must be consulted before sending an employee or volunteer for reasonable suspicion testing.

Post-Accident: Employees or volunteers are subject to testing when they cause or contribute to accidents that seriously damage a church vehicle or any other equipment or property, and/or result in an injury to themselves, another employee or volunteer requiring off-site medical attention. In any of these instances, the investigation and subsequent testing must take place within two (2) hours following the incident, if not sooner.

Follow-Up: Employees or volunteers who have tested positive, or otherwise violated this policy, are subject to discipline up to and including discharge. Depending on the circumstances and their history/record, the church may offer an employee or volunteer who violates this policy or tests positive the opportunity to return to work at the church on a "last chance" basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies for a minimum of one (1) year but not more than (2) two years. If the employee or volunteer does not agree to undergo treatment, complete his/her treatment program or tests positive after completing the treatment program, he/she will be subject to immediate discharge from employment or voluntary work.

Substances Covered by Drug & Alcohol Testing

Candidates will be tested for their use of commonly abused controlled substances, including amphetamines, barbiturates, benzodiazepines, opiates, cannabinoids, cocaine, methadone, methaqualone, phencyclidine, (PCP), propoxyphene and chemical derivatives of these substances.

Candidates must advise the testing lab of all prescription drugs taken in the past month before the test and be prepared to show proof of such prescriptions to testing lab personnel.

Testing Methods and Procedure

All testing will be conducted by a licensed independent medical laboratory, which will follow established testing standards. Testing will be conducted on a urine sample provided by the candidate to the testing laboratory under procedures established by the laboratory to ensure the privacy of the employee or volunteer, while protecting against tampering/alteration of the test results.

Fairhill Manor Christian Church will pay for the cost of the testing, including the confirmation of any positive test results by gas chromatography. The testing lab will retain samples in accordance with state law, so that a candidate may request a retest of the sample at his or her own expense if he or she disagrees with the test results.

Consequences

Employees or volunteers of Fairhill Manor Christian Church who refuse to cooperate immediately in required tests or who use, possess, buy, sell, manufacture, or dispense an illegal drug in violation of this policy will be terminated.

The first time an employee or volunteer tests positive for alcohol or illegal drug use under this policy they will be disciplined up to and including termination.

Employees will not be paid for time spent in alcohol or drug testing if the testing results are positive. They will be suspended pending the result of the alcohol and/or drug tests. After the results of the tests are received, a date/time will be scheduled to discuss the results of the test; this meeting will include the Pastors, the Board Moderator, and the Personnel Committee. Should the results prove to be negative, and the test was for an employee, the employee will receive back pay for the times/days of suspension.

Confidentiality

Information and records relating to positive test results, drug and alcohol dependencies and legitimate medical explanations provided to the medical review officer (MRO), who is a licensed physician and responsible for receiving and reviewing lab results generated by

an employer's drug testing program and evaluating medical explanations for certain drug test results. All test results shall be kept confidential to the extent required by law and maintained in secure files separate from the normal personnel files. Any records of this nature will also be scanned as part of the electronic records of Fairhill Manor Christian Church.

Inspections

Fairhill Manor Christian Church reserves the right to inspect all portions of its premises for drugs, alcohol, or other contraband. All employees, contract employees, contractors, volunteers, church members, non-church members, or visitors, may be asked to cooperate in inspections of their work areas and property that might conceal a drug, alcohol, or other contraband. Employees or volunteers who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline up to and including termination.

Requirements for Conducting Random Drug Testing

1. One of the requirements of the 1988 Drug Free Workplace Act is that employers must display a sign in their place of business where all employees can see it.



2. Random drug testing must be part of a large drug-free workplace policy that covers all employees.
3. The following random drug tests are legal
 - High Complexity
 - Moderate Complexity
 - CLIA Waived – (Clinical Laboratory Improvement Amendments) Recommended by Drug Test City – Takes out the guess work of what drugs

to test employees for because all drugs that have a CLIA wavier in place are included.

4. Make sure all employees know the penalties for violating the drug-free workplace policy and what to expect if they fail a drug test. Be as detailed and specific as possible in regard to penalties and be consistent with enforcement.
5. Explain who will be tested, when they will be tested, and be as detailed as possible.
6. Provide training for employees involved in the drug testing program. The more training the better. Those who are managing it should have in house training and semiannual training.
7. Protect employee privacy. This is a key requirement for legal random drug testing. Test results must remain confidential and only the appropriate personnel should have access to them.
8. Do not rush to judgement. Enforcing a drug testing policy requires a professional and systematic approach. It is very easy to let emotions become involved when you believe an employee has endangered your business and co-workers through reckless behavior. It is important to strictly stick to the policy in order to protect the church.
9. Be consistent with the drug policy. Do not play favorites or discriminate against employees that may not be liked. Rules must be enforced across the board. If you say you are going to do random drug testing every year then it needs to be done every year. If you say you are going to do 7 tests then you need to do exactly 7 tests. This will be specifically important when the church starts to replace existing employees because of age, retirement, death, etc.
10. Each employee of Fairhill Manor Christian Church must read and sign a Drug-Free Workplace Policy Employee Acknowledgement. (See Form on following page)

**FAIRHILL MANOR CHRISTIAN CHURCH
DRUG FREE WORKPLACE POLICY
EMPLOYEE ACKNOWLEDGEMENT**

Read and Sign Immediately

This is a formal notice of Fairhill Manor Christian Church's intent to take disciplinary action up to and including termination of employment, against any employee who violates Fairhill Manor Christian Church's Drug-Free Workplace Policy.

Fairhill Manor Christian Church's Drug Free Workplace Policy prohibits the use, sale, distribution, manufacture, or possession of all controlled substances as listed in Schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812)

Church policy also prohibits the performance of work or presence at any part of the facility of Fairhill Manor Christian Church which includes equipment or work areas, while under the influence of a controlled substance. This includes performing duties as an employee during off-site church sponsored functions.

I understand and agree that:

- I have received a copy of Fairhill Manor Christian Church's Drug-Free Workplace Policy.
- I have carefully and thoroughly read Fairhill Manor Christian Church's Drug-Free Workplace Policy
- I understand the requirement of Fairhill Manor Christian Church's Drug-Free Workplace Policy and agree, without reservation to follow this policy.

Employee's Signature _____

Date: _____

Job Title: _____

Authorized Witness: _____

Personnel Committee Chairperson

Additional Reference Information – Specific to the State of Pennsylvania

Pennsylvania does not have a statute or regulation that generally prohibits or regulates workplace drug and alcohol testing by private employers. However, Pennsylvania's unemployment compensation law and Pennsylvania case law establish some parameters for workplace drug testing.

As far as Pennsylvania case law is concerned, there is no rule dictating when drug testing in the workplace is allowed or prohibited in all circumstances. Instead, courts will access an employer's drug testing policy to determine whether it violates the employee's right to privacy.

Pennsylvania courts apply a balancing test that seeks to determine whether a reasonable person would find the employer's program highly offensive. Courts weigh the employee's privacy interests against the employer's interest in maintaining a substance-free workplace.

If the court determines that an employer's drug testing policy or procedure violates the employee's right to privacy, and the employee was discharged as a result of the test, the employer may be liable for wrongful discharge.

However, there has been at least one court that has upheld an employer's right to discharge an employee who tested positive for drugs or alcohol, even when the reliability of the test was disputed.

DRUG TESTING LOCATIONS – WASHINGTON AREA

ACCREDITED DRUG TESTING

WEBSITE: www accrediteddrugtesting.com/checkout

(800) 221-4291

ONLINE SCHEDULING – VARIOUS LOCATIONS

LABCORP

161 WATERDAM ROAD

MCMURRAY, PA 15317

(724) 942-9135

QUEST DIAGNOSTICS

360 WASHINGTON ROAD

WASHINGTON, PA 15301

(724) 222-4224

RITE AID PHARMACY

1001 JEFFERSON AVENUE

WASHINGTON, PA 15301

(724) 223-4971

WASHINGTON DRUG-ALCOHOL COMMISSION

90 WEST CHESNUT STREET

WASHINGTON, PA 15301

(724) 223-1181

SECTION 7 - EMPLOYEE LEAVE OF ABSENCE POLICY

- I. **PURPOSE**
To ensure consistency and fairness in the administration of employee leave absences at Fairhill Manor Christian Church.
- II. **PERSONNEL COVERED**
Full-time nonordained and ordained staff.
- III. **RESPONSIBLE FOR ADMINISTERING**
Pastors & Personnel Committee
- IV. **POLICY**
Eligible employees may be granted a leave of absence with the understanding that the employee intends to return to work for the church at the conclusion of the leave of absence.

A leave of absence of longer than three months releases the church from ensuring that the employee may return to the position held at the time the leave of absence began. Every effort will be made to ensure that the employee will be able to return to their position.

However, should a leave of absence continue beyond a three-month period, every effort will be made to the employee to be able to return to their position. This will depend on the Facts and Circumstances in each individual case. Please refer to the types of leave listed below.

An employee who does not return to work the day following the conclusion of an approved leave of absence will be terminated from employment.

A. Types of Leave of Absences:

- 1. **Personal:** An absence of up to one month as approved by the Pastor, supervisor, and Personnel Committee.
- 2. **Medical & Family:** An absence of up to three-months as approved by the Pastor, supervisor, and Personnel Committee. Such leave may be authorized for a seriously ill employee (Medical Leave) or to care for a child or parent who is seriously ill (Family Leave).

3. Parental: An absence of up to six weeks as approved by the pastor, supervisor, and personnel committee. Such leave may be authorized for the birth, adoption, or guardianship of a child by an employee.
4. Military: Absences of two weeks for National Guard summer camp or for an extended period of time for National Guard or Reserve members in the event of a national emergency as declared by the president. Military Orders must be provided.

B. Wages & Benefits

For periods that an employee is on a Leave of Absence any wages paid to the individual during that period are to be discussed with the Personnel Committee. FMCC historically has not been exposed to this except for Sabbaticals for the pastors which is under a separate policy.

V. PROCEDURE

A written statement from the employee identifying the reasons for the request of a personal leave of absence must be provided

In the event of a medical, family, or parental leave of absence, the employee is required to provide their supervisor with a written statement from their or his doctor as to the reason for the leave of absence request and projected date for returning to work.

A Personnel Change Notice form should be completed by the Pastor or supervisor of the employee to be placed on leave of absence and given to the Chairperson of the Personnel Committee for approval PRIOR to communicating such leave to the employee.

It is the responsibility of the employee on leave to contact their supervisor in writing to request reinstatement of employment with the anticipated date of return to work. In the event of a medical, family, or parental leave, the employee's doctor is required to provide their supervisor with a written statement indicating a date the employee may safely return to work.

SECTION 8 – APPENDIX OF FORMS, RELATED PERSONNEL POLICIES & GLOSSARY OF TERMS

V. PURPOSE

This section of the manual is designed to serve as a reference of other forms, letters, and related policies such as the Employee Vacation & Sick-Day Policy, the Safe Conduct Policy, samples of key employee forms such as employee evaluation and self-evaluation forms, new hire employee orientation form, along with sample forms required by government agencies to be completed when a person is hired.

II LIST OF RELATED POLICIES AND PERSONNEL FORMS

- EMPLOYEE VACATION & SICK-DAY POLICY
- WEDDING POLICY
- SAFE CONDUCT POLICY
- EMPLOYMENT OFFERING LETTER – (SAMPLE)
- EMERGENCY CONTACT FORM
- FORM I-9 – EMPLOYMENT ELIGIBILITY VERIFICATION FORM
- LIST OF I-9 FORM DO'S AND DON'TS – SOURCE HR KNOWLEDGE
- FORM W-4 – EMPLOYEE'S WITHHOLDING CERTIFICATE
- RESIDENCY CERTIFICATION FORM – LOCAL EARNED INCOME TAX
- AUTHORIZATION FOR DIRECT DEPOSIT – EMPLOYEE FORM
- PERSONNEL ACTION NOTICE
- PENSION FUND FORMS
- DRUG FREE WORKPLACE – EMPLOYEE ACKNOWLEDGEMENT

III FOOTNOTE

The above list should be reviewed on an annual basis to ensure that this section includes copies of the latest policies and forms. The Safe Conduct Policy, Wedding Policy, and Vacation and Sick-Day Policy can be referenced on the FMCC website.

GLOSSARY OF TERMS

CHURCH MANAGEMENT - Includes Personnel Committee, Pastors, Supervisors and General Board

CHURCH OFFICER - Any person who holds a position on the Church Board

FMCC – Abbreviation for Fairhill Manor Christian Church

PERSONNEL COMMITTEE - The committee (as defined by the Constitution and By-laws) that oversees the formation and enforcement of policies pertaining to Safe Conduct, and performance of all employees and volunteers.

SCP - Abbreviation for Safe Conduct Policy

SUBSTANCE ABUSE - Use of illicit drugs and/or abuse of legal drugs or alcohol

EMPLOYMENT OFFER LETTER SAMPLE

Ms. Jane Wedder
202 Marriage Road
Washington, PA 15301

September 1, 2022

Dear Jane:

On behalf of the Personnel Committee, officers, congregation, Associate Pastor and Senior Pastor of Fairhill Manor Christian Church, this letter will confirm the verbal offer I made you to become our Wedding Coordinator. This position reports directly to Reverend Chris Stillwell.

Your employment will commence on September 1, 2022. You will be paid \$150.00 for each wedding you coordinate, and you will be classified as an employee of Fairhill Manor Christian Church. You will have no other benefits other than the pay you receive for performing your job as a Wedding Coordinator.

We are excited of having you as a vital part of our ministry and to guide and coordinate service of Holy Matrimony that has been and continues to be a special time and place in our beautiful church for a couple to be united in marriage.

In Christ Service,

Jerry Puskarich – Chair, Personnel Committee

I understand and accept the above conditions of employment

Signature

Date

Copies: Reverend Chris Stillwell
Personnel File of Jane Wedder

Emergency Contact Information Form
Fairhill Manor Christian Church

This information will be extremely important in the event of an accident or medical emergency
Please be sure to sign and date the form

Name: _____
Last First Middle Initial

Phone: _____
Home: _____ Cell: _____

Home Email Address: _____

Address: _____
Street City State Zip Code

Primary Emergency Contact Name: _____
Last First

Relationship: _____

Phone: _____
Home: _____ Cell: _____ Work: _____

Secondary Emergency Contact Name: _____

Relationship: _____

Phone: _____
Home: _____ Cell: _____ Work: _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ Policy #: _____

Comments (include any special medical or personal information you would want an emergency care provider to know or special contact information:)

Signature: _____ Date: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form I-9 is required by the U.S. Department of Homeland Security for all employees. It establishes an employee's identity and proves that they are eligible to work in the United States. The rules relating to I-9 completion protect employers from immigration violations and protect employees from discrimination.

Do	have the employee complete Section 1 no later than the first day of services. The employer must complete Section 2 no later than the third day of services.
Don't	ask an applicant to complete an I-9 prior to making a job offer. If the applicant is not hired, they may claim national origin or race discrimination.
Do	examine either one original document from List A or one original document from both List B and List C for each employee.
Don't	ask new hires for any particular documents or for more documents than the I-9 requires. The employee chooses the documents, not you. The employee may provide any acceptable documentation in accordance with the provided list of Acceptable Documents.
Do	designate one or two people to handle the I-9 process. Establish uniform procedures for obtaining the I-9s, storing the I-9s, and reverifying eligibility when needed.
Don't	allow an employee to work until they have completed Section 1 OR allow an employee to work beyond the third day of services until they have provided the appropriate documentation and the employer has reviewed and signed Section 2.
Do	write the employee's first day of work in the Certification section.
Don't	forget to keep a tickler file to follow up on expiring documents that limit the employee's authorization to work. You don't have to reverify identity documents, such as driver's licenses.
Do	retain I-9s for all active employees indefinitely; retain I-9s for terminated employees for three years after the date of hire or for one year after employment is terminated, whichever is later. (See our Retention Calculator on Page 2.)
Don't	put the I-9 in an employee's personnel file. To protect against discrimination claims, keep the I-9 and supporting documents in a separate file.
Do	keep the I-9s in a separate file, not in the employee's personnel file.
Don't	accept photocopied documents for Section 2. An employee must provide the original documents.
Do	write down documents in the correct columns in Section 2. For example, a passport may only be documented on List A, a driver's license may only be documented on List B, and a social security card may only be documented on List C. Expired documents are not valid to establish employment eligibility.
Don't	accept more than the minimum documentation for Section 2. For example, if an employee presents a passport, a driver's license, and a social security card, you may only record the passport or the driver's license and social security card. You may not record all three documents. The practice of accepting more than the required documentation may be considered discriminatory.
Do	contact HR Knowledge if you have any questions while completing an I-9 form.

Penalties: Failure to have a correctly completed I-9 form on file for any employee could result in a fine of \$110 – \$1,100 **per employee**. I-9 compliance is important, and your procedures need to be consistent and complete. You can find more information in the employer handbook issued by the USCIS, available at the [USCIS website](#).

I-9 Record Retention for Terminated Employees:

1. Determine record retention dates for terminated employees:
 - File terminated I-9s chronologically according to their retention date.
 - Shred only those I-9s for which retention dates have passed for terminated employees.

I-9 Retention Calculator:

1. Enter date employee started work:	
	Add 3 years to Line 1: A. _____
2. Termination date:	
	Add 1 year to Line 2: B. _____
	Which date is later: A or B? Enter later date here: C. _____
	<i>Store Form I-9 until this date</i>

For example: John Doe is hired on 5/14/07 and is terminated on 2/9/14. Using the calculation above, we will determine how long to keep John Doe's Form I-9 on file.

1. Date John Doe began work for pay: 5/14/07
 - A. Add three years to the date of hire: 5/14/10
2. The date John Doe's employment was terminated: 2/9/14
 - B. Add one year to the date of John Doe's termination: 2/9/15
3. Which date is later, A or B? Date B is later.
 - C. Enter the later date: 2/9/15

The retention date should read "Retain until 2/9/15"

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet *(Keep for your records.)*



- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____

- 2** Enter:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse
	• \$20,800 if you're head of household
	• \$13,850 if you're single or married filing separately

 **2** \$ _____

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____

- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at dced.pa.gov/Act32 to determine PSD codes, EIT rates, and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <input style="width: 100%; height: 15px;" type="text"/>	
STREET ADDRESS (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE <input style="width: 100%; height: 15px;" type="text"/>	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION – EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <input style="width: 100%; height: 15px;" type="text"/>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE <input style="width: 100%; height: 15px;" type="text"/>	WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES, and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

dced.pa.gov/Act32

Authorization for Direct Deposit - Employee Form

This authorizes Fairhill Manor Christian Church to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for each account here.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Employee ID #

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.

Ver. 041708 DD

**FAIRHILL MANOR CHRISTIAN CHURCH
PERSONNEL ACTION NOTICE**

CHECK THE APPROPRIATE BOX	Name, Last, First & Middle Initial	Social Security Number	Effective Date- MM/DD/YYYY	Home Phone Number
	Street Address	City	State	Zip Code
NEW EMPLOYEE	<input type="checkbox"/>	Date of Birth - MM/DD/YYYY	Employment Date	Job Classification Ordained Non-Ordained
	Job Classification - Full Time / Part Time	Date Annual Performance Evaluation Completed MM/DD/YYYY	Other Information if necessary	
EMPLOYEE DATA	<input type="checkbox"/>			
WAGE CHANGE	<input type="checkbox"/>	Wage Change Reason - Annual Increase, Promotion, Demotion, Other	Effective Date of Wage Change MM/DD/YYYY	Other Information if necessary
JOB STATUS CHANGE	<input type="checkbox"/>	Old Job Title	New Job Title	Effective Date of Job Title Change MM/DD/YYYY
LEAVE OF ABSENCE	<input type="checkbox"/>	Type of Leave of Absence Requested Illness/Disability, Maternity Leave, Military	Effective Date of Leave MM/DD/YYYY	Expected Date of Return MM/DD/YYYY
TERMINATION	<input type="checkbox"/>	Termination Reason Voluntary / Involuntary	Effective Date of Termination MM/DD/YYYY	Date Exit Interview Completed MM/DD/YYYY

APPROVAL SIGNATURES & COMMENTS

SENIOR PASTOR _____ DATE _____

SUPERVISOR _____ DATE _____

PERSONNEL COMMITTEE
CHAIR PERSON _____ DATE _____

COMMENTS: _____

HOW WE HELP YOU ON THE ROAD TO FINANCIAL WELLNESS



Employer-Sponsored Products

Pension Plan*



Tax-Deferred Retirement Account 403(b)**



Individual Savings Products

IRAs Traditional** & Roth**



Benefit Accumulation Account**



Eligible for Special Apportionments* (additional credits) or Good Experience Credits** (additional interest)



EMPLOYER SPONSORED



PENSION PLAN

- Guaranteed monthly payment for life for you and your spouse
- Provides death benefits for your spouse and children
- Provides disability benefits should you become unable to work
- Allows clergy to take housing allowance in retirement



Eligible for additional credits through Special Apportionments.



- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Name Mr. Mrs. Miss _____
 Ms. Rev. Dr. (first) (middle) (last/family)

Social Security No./ITIN _____ Birth Date ____/____/____ Gender: Male Female

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address _____

Citizenship: U.S. Other: _____ *If you are not a US citizen, you must have an ITIN to enroll.*

If Minister, check one: Ordained Commissioned Licensed Date of ordination/commission/license ____/____/____

Check if applicable: Self-Employed Minister Student under Student Gift Membership Program

Employer _____ Employer Contact _____

City _____ State _____ Country _____ Zip Code _____ - _____

Applicant's Position _____ Hire date ____/____/____ Date dues will begin ____/____/____

II. DUES INFORMATION

As a member, dues will be made to the Pension Plan on your behalf in accordance with your employer's Participation Agreement as a percentage of your Compensation Base. See *Compensation Base Resource Worksheet* for assistance in determining your Compensation Base.

Percentage Employer Dues. My employer will contribute employer dues equal to _____ % of my Compensation Base.

Percentage Member Dues. Complete if your employer's Participation Agreement (i) permits each member to elect a different percentage of member dues on a pre-tax basis, (ii) permits an election between pre-tax or after-tax member dues, and/or (iii) permits each member to elect a different percentage of Compensation Base to determine dues. *Check one as applicable and complete.*

- My employer will reduce my salary in accordance with (i) my employer's Participation Agreement with Pension Fund or (ii) the salary reduction agreement that I have entered into with my employer to make pre-tax member dues to the Pension Plan.
- I hereby direct my employer to reduce my salary on a pre-tax basis by _____ % of my Compensation Base. *Employer and member dues in aggregate must total 14% if you are a minister and at least 6% if you are not a minister. Your employer will receive a copy of this Enrollment Form to reflect the salary contribution agreement between you and your employer.*

Tax Treatment of Member Dues. Member dues will be paid as (check one) a pre-tax employee contribution
 an after-tax employee contribution

Compensation Base. My Compensation Base used to determine dues is \$ _____.

THE ABOVE ELECTIONS MUST BE PERMITTED UNDER THE EMPLOYER'S PARTICIPATION AGREEMENT. MEMBER DUES WILL BE WITHHELD FROM YOUR PAYCHECK AND PAID BY YOUR EMPLOYER TO THE PENSION PLAN.

III. FAMILY INFORMATION FOR SURVIVOR BENEFITS

Check Marital/Partner Status: Single Married Qualified Domestic Partnership Spouse/Partner's Gender: Male Female

Spouse/Partner Name _____ Social Security No./ITIN _____
(first) (middle) (last/family)

Spouse/Partner's Birth Date ____/____/____ Citizenship: U.S. Other: _____

Complete for each of applicant's **Natural Born Children** or **Legally Adopted Children** who are under age 21:

	Name (first, middle, last/family name)	Birth Date	Gender	Social Security No./ITIN
1		/ /	M / F	- - - - -
2		/ /	M / F	- - - - -
3		/ /	M / F	- - - - -

First Living Parent Name _____
(first) (middle) (last/family)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Social Security No./ITIN _____ - _____ - _____ Birth Date _____ / _____ / _____

Second Living Parent Name _____
(first) (middle) (last/family)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Social Security No./ITIN _____ - _____ - _____ Birth Date _____ / _____ / _____

IV. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Enrollment Form, I make the following certifications:

- I agree to be bound by all terms of the Pension Plan, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the Pension Plan.
- I understand that I can access the Pension Plan Member Resource Book and other information regarding the Pension Plan electronically at www.pensionfund.org, and that I can also request Pension Fund mail me a copy of the Pension Plan Member Resource Book.
- I certify that the information provided on this Enrollment Form is accurate, including my Social Security Number/ITIN. I agree that I will timely notify Pension Fund of any changes to the information provided on this Form, **including changes to the amount or type of dues, to my marital/partner status, and to the status of my children and parents.** I understand that failure to provide accurate and timely information may result in a reduction of my benefits.
- I understand that the personal information provided on this Enrollment Form will be used by Pension Fund to process my enrollment and to provide member services to me under the Pension Plan.
- I understand that if my employer's Participation Agreement permits members to each elect a different percentage of employee dues on a pre-tax basis, and I choose to change my elections reflected on this Enrollment Form or on a separate salary reduction agreement with my employer, I must complete and submit a Salary Contribution Agreement to my Employer which reflects that change before the effective date of the change.
- I understand that I may designate beneficiaries for all benefits under the Pension Plan that are not otherwise payable according to the terms of the Pension Plan by submitting a *Beneficiary Designation Form*, and that if I do not complete a *Beneficiary Designation Form*, the default beneficiary rules in the Pension Plan will apply.
- I understand that Pension Fund and the Pension Plan are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1945, the Investment Company Act of 1940, and state securities laws. Participants and beneficiaries are not afforded the protection of those laws with respect to their interest in the Pension Plan.
- I have attached the following documents to complete my application, as applicable:
 - ✓ Copy of my birth certificate, passport, driver's license, or state issued identification card
 - ✓ Beneficiary Designation Form
 - ✓ Copy of current ministerial credentials, if I am a minister
 - ✓ Copy of my marriage certificate/proof of marriage, if I am married
 - ✓ *Affidavit of Qualified Domestic Partnership* with supporting documentation, if I have a qualified domestic partner

Applicant Signature _____ Date _____ / _____ / _____

SEND FORM(S) WITH ATTACHMENTS TO:

Pension Fund of the Christian Church
P.O. Box 6251, Indianapolis, Indiana 46206-6251
Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org

Member ID No. _____ Enrollment Date _____ / _____ / _____
[Do not write in this box – for Pension Fund use only]

EMPLOYER SPONSORED



TAX-DEFERRED RETIREMENT ACCOUNT (TDRA)

- Tax-advantaged 403(b) retirement savings plan - pre-tax dollars are contributed through your employer reducing your taxable income
- Employer can choose to match employee contributions
- Allows rollover funds from other accounts
- Choice of beneficiaries - a great estate planning tool
- Complements your other retirement plans such as your Pension Plan in retirement income



Current interest rate of 3.5%. Plus eligible for additional interest through Good Experience Credits.





Complete this *TDRA Enrollment Form* to begin participation in the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA").

- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Name Mr. Mrs. Miss _____
 Ms. Rev. Dr. (first) (middle) (last/family)

Social Security No./ITIN _____ Birth Date ____/____/____ Gender: Male Female

Check Marital Status: Single Married Spouse's Birth Date ____/____/____ Spouse's Gender: Male Female

Spouse Name _____ Social Security No./ITIN _____
 (first) (middle) (last/family)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address _____

Citizenship: U.S. Other: _____ *If you are not a US citizen, you must have an ITIN to enroll.*

If Minister, check one: Ordained Commissioned Licensed Date of ordination/commission/license ____/____/____

Employer _____ City _____ State _____

Employer Contact _____

II. CONTRIBUTION INFORMATION

The contribution or contributions that will be remitted on behalf of the applicant in order to enroll in the TDRA reflects the following (check one or more as applicable):

- Pre-tax or Roth (after-tax) salary reduction contributions. *You must also complete Section III or complete and return a separate salary reduction form provided by your employer.*
- Employer contributions equal to \$ _____ or _____%. *Employer contributions must be permitted under your employer's Participation Agreement with Pension Fund.*
- A rollover contribution from an IRA or eligible retirement plan. *You must also complete and return an Application for Rollover Contribution to TDRA.*
- A tax-free transfer from another provider under your employer's 403(b) plan. *You must also complete and return an Application for Contract Exchange/Plan-to-Plan Transfer to TDRA.*

III. SALARY REDUCTION CONTRIBUTIONS [OPTIONAL]

Complete this Section III if you wish to make salary reduction contributions to the TDRA unless your employer requires you to complete a separate salary reduction form. *Your employer will receive a copy of this Form to reflect the salary contribution agreement between you and your employer.* **IF YOU DO NOT WANT TO MAKE SALARY REDUCTION CONTRIBUTIONS TO THE TDRA AT THIS TIME, DO NOT COMPLETE THIS SECTION III.**

I hereby direct my employer to reduce my salary on a *pre-tax* and/or *Roth (after-tax)* basis by the following whole dollar amount or percentage, and to contribute this amount to the TDRA:

Pre-Tax \$ _____ or _____% per pay period

Roth (After-Tax)* \$ _____ or _____% per pay period

TOTAL \$ _____ or _____% per pay period

**This election is effective for salary reduction contributions made on or after January 1, 2022 only.*

I understand that my total salary reduction contributions (pre-tax plus Roth 403(b) contributions) for a calendar year cannot exceed the applicable Internal Revenue Service limits. See www.pensionfund.org for information on these limits.

IV. DESIGNATION OF BENEFICIARIES

Designate the person, trust or entity you choose to receive any benefits payable under the TDRA in the event of your death. If you designate a trust as a beneficiary, include the trust's name and address, the date the trust was created, and the trustee's name. You are not limited to two primary and two contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper stating the additional names and identifying information.

Unless otherwise indicated, death benefits will be paid in equal shares to your primary beneficiaries who are living at the time of your death. If no primary beneficiary is living at your death, unless otherwise indicated, death benefits will be paid in equal shares to your contingent beneficiaries who are living at the time of your death. If you name multiple primary or contingent beneficiaries, and one of them predeceases you, the percentage of that beneficiary's designated share shall be divided equally amongst the surviving primary or contingent beneficiaries, as applicable.

IMPORTANT: If you do not elect a beneficiary, or if your beneficiaries named on this Enrollment Form fail to survive you, your benefits will be paid to your spouse, or if none, your benefits will be paid to your estate. Failure to include a social security number/ITIN and current contact information for each designated beneficiary, if applicable, may delay distributions at your death.

Primary Beneficiaries <i>The total percentage to all primary beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	_____ %
Contingent Beneficiaries If all of your primary beneficiary(ies) die before you, any benefits payable in the event of your death will be paid to your contingent beneficiary(ies). <i>The total percentage to all contingent beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	_____ %

V. APPLICANT CERTIFICATION AND SIGNATURE

By signing this TDRA Enrollment Form, I make the following certifications:

- I agree to be bound by all terms of the TDRA, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the TDRA.
- I understand that I can access the TDRA Member Resource Book and other information regarding the TDRA electronically at www.pensionfund.org, and that I can also request Pension Fund mail me a copy of the TDRA Member Resource Book.
- I certify that the information provided on this TDRA Enrollment Form is accurate, including my Social Security Number/ITIN. **I agree that I will timely notify Pension Fund of any changes to the information provided on this Form.**
- I understand that the personal information provided on this Enrollment Form will be used by Pension Fund to process my enrollment and to provide member services to me under the TDRA.
- I understand that if I have elected to make salary reduction contributions, my election applies only with respect to salary paid or made available to me after I become a member in the TDRA, and is legally binding and irrevocable with respect to amounts paid or made available to me while it remains in effect. I understand that such election will continue in effect from year to year unless I change or terminate it. I understand that I may prospectively change my election at any time by completing and submitting a *Salary Contribution Agreement* to my employer which reflects that change. I further understand that I may terminate my election at any time by notifying my employer in writing.
- I designate the person(s) or entity(ies) named in Section III of this Form as beneficiaries for my TDRA account. I understand that this beneficiary designation will remain in effect until I complete, sign, and submit an updated *Beneficiary Designation Form* to Pension Fund, which I may do at any time. I certify that I have secured spousal consent if I have named a beneficiary other than, or in addition to, my spouse to the extent I reside in a community or marital property state and am required to secure such consent by state law with respect to all or a portion of my TDRA account. I further agree that if I am not currently married, but become married, I will secure spousal consent if the preceding sentence applies. I understand that to secure spousal consent, I may use the *Spousal Consent for Community and Marital Property States* form located at www.pensionfund.org. I assume complete responsibility for all consequences if I fail to obtain any required consent.
- If I am a minister, I have attached a copy of my current ministerial credentials.
- I understand that Pension Fund and the TDRA are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1945, the Investment Company Act of 1940, and state securities laws. Participants and beneficiaries are not afforded the protection of those laws with respect to their interest in the TDRA.

Applicant Signature _____ Date ____/____/____

SEND FORM(S) WITH ATTACHMENTS TO:

Pension Fund of the Christian Church
P.O. Box 6251, Indianapolis, IN 46206-6251
Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
E-mail: pfec1@pensionfund.org • Website: www.pensionfund.org

Account No. _____	Member ID No. _____	Enrollment Date ____/____/____
[Do not write in this box – for Pension Fund use only]		



This Salary Contribution Agreement ("Agreement") is entered into between the undersigned employee ("Employee") of the employer identified below ("Employer") and the Employer in order for salary reduction contributions to be made to the 403(b) accounts under the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA") and/or the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Fund") in accordance with Internal Revenue Code Section 403(b). Participation in the TDRA and/or Pension Plan is subject to the terms of those plans, as amended from time to time.

I. AUTHORIZATION TO MAKE SALARY REDUCTION CONTRIBUTIONS

IMPORTANT: YOUR ELECTIONS MUST BE CONSISTENT WITH THE EMPLOYER PARTICIPATION AGREEMENT AND YOUR ENROLLMENT FORM.

TDRA

I hereby direct my Employer to reduce my salary on a *pre-tax* and/or *Roth (after-tax)* basis by the following whole dollar amount or percentage, and to contribute this amount to the **TDRA**:

TDRA Pre-Tax	\$ _____	or	_____ %	per pay period
TDRA Roth (After-Tax)*	\$ _____	or	_____ %	per pay period
TOTAL	\$ _____		_____ %	per pay period

**This election is effective for salary reduction contributions made on or after January 1, 2022 only.*

Pension Plan

I hereby direct my Employer to reduce my salary on a *pre-tax basis* by the following whole percentage, and to contribute this amount to the **Pension Plan**:

_____ % of my Compensation Base **per month**. *If less than 100% of your Compensation Base is used to determine dues, indicate the applicable percentage of Compensation Base: _____ %.*

I understand that my total salary reduction contributions for a calendar year cannot exceed the applicable Internal Revenue Service limits.

Please see reverse side of this Agreement for information regarding the applicable Internal Revenue Code limits.

II. EFFECTIVE DATE OF AGREEMENT

This Agreement will be effective as of the first pay period on or after (*insert desired effective date*) _____, 20_____, or, if later, the first pay period following the date I return a completed Agreement to my Employer. I understand that this Agreement applies only with respect to salary paid or made available to me after its effective date and is legally binding and irrevocable with respect to amounts paid or made available to me while the Agreement is in effect.

III. DURATION OF AGREEMENT

I understand that this Agreement will continue in effect from year to year unless I change or terminate it. I can change the Agreement at any time by submitting a new Agreement to my Employer, and the change will be effective as provided in that new Agreement. I can terminate the Agreement at any time by written notice to my Employer. Pension Fund or my Employer may reduce or discontinue my salary reduction contributions in any year in which this Agreement is in effect if necessary to comply with applicable provisions of the Internal Revenue Code. This Agreement will automatically terminate if I terminate employment with my Employer or my Employer terminates its participation in the TDRA and/or Pension Plan, as applicable.

IV. EMPLOYEE SIGNATURE

I have read and understand the section under this Agreement entitled Applicable Contribution Limits. I agree to follow the rules and procedures of my Employer, the TDRA or Pension Plan, as applicable, and Pension Fund of the Christian Church.

Employee Signature _____ Date ____/____/____

Printed Name _____

V. ACCEPTANCE BY EMPLOYER

I, an authorized representative of the Employer, certify that salary reduction contributions will be remitted to Pension Fund as soon as administratively practicable but no later than 15 business days following the month in which the contributions are withheld from the Employee's pay.

Employer Representative Signature _____ Date ____/____/____

Printed Name _____

APPLICABLE CONTRIBUTION LIMITS

- I understand that Internal Revenue Code ("Code") Section 402(g) limits my salary reduction contributions under this Agreement to a "dollar limit." The general dollar limit is \$20,500 for calendar year 2022 (this dollar limit will be adjusted by cost of living increases thereafter). However, my actual dollar limit may be higher than the general dollar limit if I will be 50 years old (or older) by the end of the calendar year.
- If I will be at least 50 years old by the end of the calendar year, I understand that I may make additional "catch-up" salary reduction contributions above the general dollar limit. These additional catch-up salary reduction contributions, which are referred to as "age 50 catch-up contributions," are provided under Code Section 414(v). I understand that the amount of the age 50 catch-up contributions that I may make above the general dollar limit is up to an additional \$6,500 for 2022 (this dollar amount will be adjusted by cost of living increases thereafter).
- I understand that the general dollar limit, as increased by the age 50 catch-up contribution if applicable, applies to any contributions I make on a pre-tax basis or Roth basis in a calendar year to any retirement plans in which I participate (not including deferred compensation plans or flexible benefit plan contributions), including plans maintained by other employers.
- I understand that, if my salary reduction contributions to the TDRA, Pension Plan, and any other retirement plans exceed the general dollar limit, as increased by the age 50 catch-up contribution if applicable, in any calendar year, the excess will be taxable both in the year the contribution was made and in the year of distribution unless I timely request to have the excess returned to me. To have the excess returned to me, I must notify my Employer and Pension Fund of the excess before March 1 of the year following the year in which the excess contribution was made (e.g., March 1, 2023 for excess amounts deferred in 2022). If the notice is timely given, Pension Fund will distribute the excess amount of the contribution (with any accrued earnings) to me on or before April 15 of the year following the excess contribution.
- I understand that my salary reduction contributions to the TDRA, Pension Plan and any other retirement plans for each year are also limited, except as permitted under Code Section 414(v) allowing age 50 catch-up contributions, by the general rules of Code Section 415 to the lesser of \$61,000 for 2022 (this dollar amount will be adjusted by cost of living increases thereafter) or 100% of my compensation.

ADDITIONAL REPRESENTATIONS

- I understand that this Agreement is legally binding and irrevocable with respect to amounts earned while the Agreement is in effect. Therefore, amounts previously withheld from my pay under the terms of this Agreement cannot be returned to me unless I am eligible for a distribution under the terms of the TDRA or Pension Plan, as applicable.
- I authorize my Employer to release to or obtain from Pension Fund any information that it may reasonably require in order to calculate my contribution limits or to administer my accounts under the TDRA or Pension Plan, as applicable.
- I understand that nothing contained in this Agreement shall be deemed to constitute an employment agreement, and nothing contained herein shall be deemed to give me any right to continued employment with my Employer.
- I acknowledge that my Employer does not warrant the performance or the appropriateness of any investment and will not be responsible for any penalties or tax consequences resulting from this Agreement.

Pension Fund of the Christian Church

P.O. Box 6251, Indianapolis, Indiana 46206-6251

Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071

E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org



INDIVIDUAL SAVINGS



IRAS

- Traditional IRA (may be tax-deductible)
- Roth IRA (tax-free growth)
- Allows rollover funds from other accounts
- Spouses are eligible



Current interest rate of **3.5%**. Plus eligible for additional interest through Good Experience Credits.



Complete this *IRA Enrollment Form* to establish a Traditional IRA or a Roth IRA under the Defined Contribution Retirement Accounts of the Pension Fund of the Christian Church (Disciples of Christ) ("DCRA"). You may establish a Traditional IRA or Roth IRA in the following circumstances:

- (1) You are an employee or former employee of an employer that is eligible to participate in the DCRA.
- (2) You are the spouse of an individual described in (1) above, if you file a joint tax return with the employee or former employee.
- (3) You are the surviving spouse of a deceased individual described in (1) above and you are designated as the employee's or former employee's beneficiary under the DCRA, but only for purpose of receiving eligible rollovers or transfers from the DCRA. (NOTE: if you instead want to elect to treat an inherited IRA as your own, complete the *Spousal Inherited IRA Redesignation Form* instead of this Form.)

See *Eligibility for a Pension Fund Traditional IRA or Roth IRA* located at www.pensionfund.org for information as to whether you are eligible to make regular contributions, rollover/transfer contributions, or both, to an IRA. You can make regular contributions to an IRA from your spouse's taxable compensation if you file a joint tax return with your spouse. If you are the spouse of an employee or former employee, you may only roll or transfer assets into the IRA from retirement plans or IRAs held in your name. If you would like to establish an "inherited IRA" with assets from a retirement plan or IRA under which you are a designated beneficiary, complete the *Inherited IRA Enrollment Form* instead of this Form.

- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Name Mr. Mrs. Miss _____
 Ms. Rev. Dr. (first) (middle) (last/family)

Applicant is a (check one): Current employee Spouse of current employee Former employee Spouse of former employee

Social Security No./ITIN _____ - _____ - _____ Birth Date ____/____/____ Gender: Male Female

Check here if there has been a change to your contact information on file.

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address _____

Citizenship: U.S. Other: _____ *If you are not a US citizen, you must have an ITIN to enroll.*

Complete the following if applicant is a spouse of an employee or former employee:

Name of Employee/Former Employee _____
(first) (middle) (last/family)

Social Security No./ITIN _____ - _____ - _____ Birth Date ____/____/____

II. EMPLOYEE/FORMER EMPLOYEE EMPLOYMENT INFORMATION

Employer/Former Employer _____
(enter "self-employed minister" if applicable)

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Contact Name _____

Phone Number (____) _____ E-Mail Address _____

Dates of Employment ____/____/____ through (check one) present or ____/____/____

III. CONTRIBUTION INFORMATION

I am establishing a Traditional IRA Roth IRA. Complete a separate *IRA Enrollment Form* for each IRA you establish.

Indicate contribution type below (check one or more as applicable):

Rollover/Transfer (including a conversion or recharacterization). *Complete and return Application for Rollover/Transfer to IRA unless requesting a transfer (conversion) from a Traditional IRA to a Roth IRA under the DCRA. Former employees and spouses of former employees can only check this box.*

Single Sum Contribution. I am remitting an initial *after-tax* contribution amount to my IRA equal to \$ _____.

This contribution is being made by check (including checks sent by or through your bank)

one-time debit (ACH) from my bank account (complete the bank information below)

I irrevocably elect that this contribution be made for the tax year 20_____. Contributions must be received by the tax filing deadline, without extensions, for the year for which the contribution is being made (generally, by April 15). If no year is indicated, the contribution will apply to the current tax year. For future contributions, complete the IRA Contribution Form or elect to make recurring contributions below.

Recurring Contributions. Effective as soon as administratively practicable on or after _____, 20_____, I authorize *after-tax* contributions to be made to my IRA through automatic debit (ACH) from my bank account. Complete the bank information below.

Recurring contributions of \$ _____ will be debited on the (check one only) 1st 15th

Complete below if you elect a one-time or recurring bank debit and attach a "void" check to this Form:

Name of Bank _____ Account Holder Name _____

Mailing Address of Bank _____ Phone Number (_____) _____

City _____ State _____ Country _____ Zip Code _____ - _____

Account Number _____ Bank Routing/ABA Number _____ Checking Savings

IMPORTANT: A minimum initial contribution of \$100 is required to open an IRA. Regular contributions may not exceed the Internal Revenue Service limits for the taxable year. If you are or will be age 50 by the end of the year, you may make an additional contribution for the taxable year. For a Roth IRA only, the regular contribution limits are reduced for higher income earners. Regular contributions made to a traditional IRA reduce the amount you can contribute to a Roth IRA, and vice versa. See the IRA Owner Resource Book at www.pensionfund.org for information on these limits.

IV. DESIGNATION OF BENEFICIARIES

Designate the person, trust or entity you choose to receive any benefits payable from your IRA in the event of your death. If you designate a trust as a beneficiary, include the trust's name and address, the date the trust was created, and the trustee's name. You are not limited to two primary and two contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper stating the additional names and identifying information.

Unless otherwise indicated, death benefits will be paid in equal shares to your primary beneficiaries who are living at the time of your death. If no primary beneficiary is living at your death, unless otherwise indicated, death benefits will be paid in equal shares to your contingent beneficiaries who are living at the time of your death. If you name multiple primary or contingent beneficiaries, and one of them predeceases you, the percentage of that beneficiary's designated share shall be divided equally amongst the surviving primary or contingent beneficiaries, as applicable.

IMPORTANT: If you do not elect a beneficiary, or if your beneficiaries named on this IRA Enrollment Form fail to survive you, your benefits will be paid to your estate. Failure to include a social security number/ITIN and current contact information for each designated beneficiary, if applicable, may delay distributions at your death.

Primary Beneficiaries <i>The total percentage to all primary beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small>	_____ %
Mailing Address _____ <small>(street, city, state, zip code)</small>	
Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____	
Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____	
E-Mail Address _____	
Individual or Trust Name _____ <small>(first, middle, last/family name)</small>	_____ %
Mailing Address _____ <small>(street, city, state, zip code)</small>	

Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	
Contingent Beneficiaries If all of your primary beneficiary(ies) die before you, any benefits payable in the event of your death will be paid to your contingent beneficiary(ies). The total percentage to all contingent beneficiaries must equal 100%.	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date _____ / _____ / _____ E-Mail Address _____	_____ %

V. APPLICANT CERTIFICATION AND SIGNATURE

By signing this IRA Enrollment Form, I make the following certifications:

- I agree to be bound by all terms of the DCRA, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the DCRA.
- I understand that I can access the IRA Owner Resource Book and other information regarding IRAs electronically at www.pensionfund.org, and that I can also request Pension Fund mail me a copy of the IRA Owner Resource Book.
- I certify that I have received, reviewed and understand the IRA Disclosure Statement and IRA Financial Disclosure. I understand that I have seven days from the date that Pension Fund receives this Form to revoke it without penalty by mailing or delivering a written notice to Pension Fund.
- I certify that I am an employee or former employee of an employer that is eligible to participate in the DCRA, as provided in Section II, or the spouse of such eligible employee or former employee.
- I certify that the information provided on this IRA Enrollment Form is accurate, including my Social Security Number/ITIN. **I agree that I will timely notify Pension Fund of any changes to the information provided on this Form.**
- I understand that the personal information provided on this Enrollment Form will be used by Pension Fund to process my enrollment and to provide services to me under the DCRA.
- I assume complete responsibility for ensuring that all contributions I make are within the limits set forth by the tax laws and for the tax consequences of any contribution and distributions. I understand that I am responsible for determining and tracking the cost basis in the IRA.
- If applicable, I hereby authorize my bank to debit the bank account identified above and authorize Pension Fund to accept these deposits. These debits and deposits are to be made under the Rules of the Automated Clearing House (ACH). If I have elected recurring contributions, I understand that this Agreement will remain in effect until I give written notice of termination to Pension Fund.
- I designate the person(s) or entity(ies) named in Section IV of this Form as beneficiaries of my IRA. I understand that this beneficiary designation will remain in effect until I complete, sign, and submit an updated *Beneficiary Designation Form* to Pension Fund, which I may do at any time. I certify that I have secured spousal consent if I

have named a beneficiary other than, or in addition to, my spouse to the extent I reside in a community or marital property state and am required to secure such consent by state law with respect to all or a portion of my IRA. I further agree that if I am not currently married, but become married, I will secure spousal consent if the preceding sentence applies. I understand that to secure spousal consent, I may use the *Spousal Consent for Community and Marital Property States* form located at www.pensionfund.org. I assume complete responsibility for all consequences if I fail to obtain any required consent.

- I understand that Pension Fund and the DCRA are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Company Act of 1940, and state securities laws. Participants and beneficiaries are not afforded the protection of those laws with respect to their interest in the DCRA.

Applicant Signature _____ **Date** ____/____/____

If the applicant is a spouse, this Form must also be signed by the employee/former employee:

Employee/Former Employee Signature _____ **Date** ____/____/____

SEND FORM(S) WITH CHECK OR BANK INFORMATION TO:

Pension Fund of the Christian Church
P.O. Box 6251, Indianapolis, IN 46206-6251
Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org

Account Number _____	Enrollment Date ____/____/____	Initial Contribution \$ _____
[Do not write in this box – for Pension Fund use only]		

INDIVIDUAL SAVINGS



BENEFIT ACCUMULATION ACCOUNT (AFTER-TAX SAVINGS)

- No limits for contributions
- Accessible when you need it
- Spouses are eligible
- Requires another Pension Fund account to open



Current interest rate of **2.5%**. Plus eligible
for additional interest through Good
Experience Credits.





Complete this BAA Enrollment Form in order to open an account ("BA account") under the Benefit Accumulation Account ("BAA"). You may open an account if you are a U.S. resident who is:

- a member of the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan") or the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA");
- an owner of a Traditional IRA or Roth IRA under the Defined Contribution Retirement Accounts of the Pension Fund of the Christian Church (Disciples of Christ);
- a spouse of a member or IRA owner; or
- a surviving spouse who is the member's beneficiary under the Pension Plan or TDRA.

- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Name Mr. Mrs. Miss _____
 Ms. Rev. Dr. (first) (middle) (last/family)

Applicant is a (check all that apply): Member IRA owner Spouse of member/IRA owner Surviving spouse of member/IRA owner

Social Security No./ITIN _____ Birth Date ____/____/____ Gender: Male Female

Check here if there has been a change to your contact information on file.

Home Address _____

City _____ State _____ Country _____ Zip Code _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address _____

Citizenship: U.S. Other: _____ *If you are not a US citizen, you must have an ITIN to enroll.*

Complete the following if applicant is a spouse or surviving spouse of a member or IRA owner:

Name of Member/IRA Owner _____
(first) (middle) (last/family)

Social Security No./ITIN _____ Birth Date ____/____/____ Member ID No. _____

II. CONTRIBUTION INFORMATION

There is a minimum \$25 initial deposit required. Indicate contribution type below (check one or more as applicable):

Required Minimum Distributions. I authorize the required minimum distributions from my (check all applicable) TDRA account Traditional IRA with Pension Fund to be made to my BA account. *Note: Required minimum distributions will be taxed to you before deposit in a BA account and you must also complete the applicable TDRA or IRA distribution form requesting required minimum distributions.*

Pension Plan Distributions. I authorize (check one only) 100% of my monthly Pension Plan payments an amount equal to \$ _____ or _____ % of my monthly Pension Plan payments to be made to my BA account. *Note: Pension Plan payments will be taxed to you before deposit in your BA account and you must also complete the Pension Plan distribution form requesting your pension benefits to begin.*

Salary Continuation Death Benefit (for surviving spouse only). I authorize my salary continuation death benefit from the Pension Plan to be made to my BA account.

Single Sum Contribution. I am remitting an initial *after-tax* contribution amount to my BA account equal to \$ _____.

This contribution is being made by check (including checks sent by or through your bank)
 payroll deduction from my employer (unless made by employer check, complete Employer Authorization Agreement for One-Time Debit (ACH))
 one-time debit (ACH) from my bank account (complete the bank information below)

For future contributions, complete the BAA Contribution Form or elect to make recurring contributions below.

Recurring Contributions. Effective as soon as administratively practicable on or after _____, 20____, I authorize recurring *after-tax* contributions to be made to my BA account equal to \$ _____.

These contributions will be made by payroll deduction from my employer (unless made by employer check, complete Employer Authorization Agreement for Recurring Debit (ACH))

automatic debit (ACH) from my bank account (complete the bank information below).
 Recurring contributions will be debited on the (check one only) 1st 15th day of each month.

Complete below if you elect a one-time or recurring bank debit and attach a "void" check to this Form:

Name of Bank _____ Account Holder Name _____
 Mailing Address of Bank _____ Phone Number (_____) _____
 City _____ State _____ Country _____ Zip Code _____ - _____
 Account Number _____ Bank Routing/ABA Number _____ Checking Savings

III. BACKUP WITHHOLDING

I certify that (check one only):

- I am not subject to backup withholding because I am exempt from backup withholding, or I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
- I have been notified by the IRS that I am currently subject to backup withholding because I failed to report all interest and dividends on my tax return.

IV. DESIGNATION OF BENEFICIARIES

Designate the person, trust or entity you choose to receive any benefits payable from your BA account in the event of your death. If you designate a trust as a beneficiary, include the trust's name and address, the date the trust was created, and the trustee's name. You are not limited to two primary and two contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper stating the additional names and identifying information.

Unless otherwise indicated, death benefits will be paid in equal shares to your primary beneficiaries who are living at the time of your death. If no primary beneficiary is living at your death, unless otherwise indicated, death benefits will be paid in equal shares to your contingent beneficiaries who are living at the time of your death. If you name multiple primary or contingent beneficiaries, and one of them predeceases you, the percentage of that beneficiary's designated share shall be divided equally amongst the surviving primary or contingent beneficiaries, as applicable.

IMPORTANT: If you do not elect a beneficiary, or if your beneficiaries named on this BAA Enrollment Form fail to survive you, your benefits will be paid to your estate. Failure to include a social security number/ITIN and current contact information for each designated beneficiary, if applicable, may delay distributions at your death.

Primary Beneficiaries <i>The total percentage to all primary beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN ____ - ____ - ____ Birth or Trust Date ____/____/____	_____ %
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN ____ - ____ - ____ Birth or Trust Date ____/____/____	_____ %
Contingent Beneficiaries <i>If all of your primary beneficiary(ies) die before you, any benefits payable in the event of your death will be paid to your contingent beneficiary(ies). The total percentage to all contingent beneficiaries must equal 100%.</i>	Percentage of Benefit
Individual or Trust Name _____ <small>(first, middle, last/family name)</small> Mailing Address _____ <small>(street, city, state, zip code)</small> Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____ Social Security No./ITIN ____ - ____ - ____ Birth or Trust Date ____/____/____	_____ %

Individual or Trust Name _____ <small>(first, middle, last/family name)</small>	%
Mailing Address _____ <small>(street, city, state, zip code)</small>	
Primary Phone (_____) _____ Relationship to Applicant/Trustee Name _____	
Social Security No./ITIN _____ - _____ - _____ Birth or Trust Date ____/____/____	

V. APPLICANT CERTIFICATION AND SIGNATURE

By signing this BAA Enrollment Form, I make the following certifications:

- I agree to be bound by all terms of the BAA, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the BAA.
- I understand that I can access the BAA Plan and Account Holder Resource Book and other information regarding the BAA electronically at www.pensionfund.org, and that I can also request Pension Fund mail me a copy of the BAA Plan and Account Holder Resource Book.
- I certify that the information provided on this BAA Enrollment Form is accurate, including my Social Security Number/ITIN. **I agree that I will timely notify Pension Fund of any changes to the information provided on this Form.**
- I understand that the personal information provided on this Enrollment Form will be used by Pension Fund to process my enrollment and to provide services to me under the BAA.
- I understand that my required minimum distributions from the TDRA and/or Traditional IRA and my pension payments from the Pension Plan, if applicable, are taxable distributions from the TDRA, Traditional IRA and/or Pension Plan. I further understand that the interest I earn on my BA account is taxable the year in which earned. I understand that I am responsible for the tax consequences of any contributions or distributions.
- If applicable, I hereby authorize my bank to debit the bank account identified above and authorize Pension Fund to accept these deposits. These debits and deposits are to be made under the Rules of the Automated Clearing House (ACH). If I have elected recurring contributions, I understand that this Agreement will remain in effect until I give written notice of termination to Pension Fund.
- I designate the person(s) or entity(ies) named in Section IV of this Form as beneficiaries for my BA account. I understand that this beneficiary designation will remain in effect until I complete, sign, and submit an updated *Beneficiary Designation Form* to Pension Fund, which I may do at any time. I certify that I have secured spousal consent if I have named a beneficiary other than, or in addition to, my spouse to the extent I reside in a community or marital property state and am required to secure such consent by state law with respect to all or a portion of my BA account. I further agree that if I am not currently married, but become married, I will secure spousal consent if the preceding sentence applies. I understand that to secure spousal consent, I may use the *Spousal Consent for Community and Marital Property States* form located at www.pensionfund.org. I assume complete responsibility for all consequences if I fail to obtain any required consent.
- I understand that Pension Fund and the BAA are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Company Act of 1940, and state securities laws. BA account holders are not afforded the protection of those laws with respect to their interest in the BAA.

Applicant Signature _____ Date ____/____/____

SEND FORM(S) WITH CHECK TO: Pension Fund of the Christian Church
 P.O. Box 6251, Indianapolis, IN 46206-6251

SEND FORM(S) WITH BANK INFORMATION TO: Pension Fund of the Christian Church
 P.O. Box 6251, Indianapolis, IN 46206-6251

Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
 E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org

Ba Account Number _____	Enrollment Date ____/____/____	Initial Contribution \$ _____
[Do not write in this box – for Pension Fund use only]		

SECTION 9– GLOSSARY OF TERMS

CHURCH MANAGEMENT - Includes Personnel Committee, Pastors, Supervisors and General Board

CHURCH OFFICER - Any person who holds a position on the Church Board

PERSONNEL COMMITTEE - The committee (as defined by the Constitution and By-laws) that oversees the formation and enforcement of policies pertaining to Safe Conduct, and performance of all employees and volunteers.

SCP - Abbreviation for Safe Conduct Policy

SUBSTANCE ABUSE - Use of illicit drugs and/or abuse of legal drugs or alcohol

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DIRECTED TO ANY MEMBER OF THE PERSONNEL COMMITTEE**