|  |  |
| --- | --- |
| **Full-Time Employee** | **LFE RECAP Sheet** |
| Church/School Name: |  |
| Employee Name: |  |
| Month of Payment: |  |
| Total Hours: |  |

|  |  |
| --- | --- |
| **Full-Time Payment**  |  **Amount Due** |
| Salary or (Hours\_\_\_\_\_\_\_\_x Wages\_\_\_\_\_\_\_\_) |  |
| Vacation (Hours\_\_\_\_\_\_\_\_x Wages\_\_\_\_\_\_\_\_) |  |
| Short-Term Sick (Hours\_\_\_\_\_\_\_\_x Wages\_\_\_\_\_\_\_\_) |  |
| Total Salary |  |
| FICA (7.65% of Total Salary) |  |
| Retirement-Basic (5% of Total Salary) |  |
| Retirement-Match (Up to 3% of Total Salary) |  |
| Healthcare |  |
| Workers Comp |  42.00 |
|  Total Due: |  $ |

**Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Due at Conference Office by 20th of each month***

**Carolina Conference of SDA**

**Attn: Treasury Dept.**

**P.O. Box 44270**

**Charlotte, NC 28215**

**Fax: (704) 887-5750**