

Employee Summary Exhibit

BETHANY THEOLOGICAL SEMINARY

EMPLOYEE - PLEASE FILL OUT COMPLETELY - INTERNAL USE ONLY

| | | | | | | | | |
|---|--|---|---|--|--|--|--|--|
| LAST NAME: | | | FIRST NAME: | | | MI: | | |
| SSN: □ □ □ - □ □ - □ □ □ □ | | | ADDRESS: | | | | | |
| CITY: | | STATE: | ZIP: | PHONE - HOME OR CELL?: () - | DATE OF BIRTH: / / | | | |
| FEDERAL EXEMPTIONS FILING STATUS: _____ Single _____ Married # of _____ Add'l amt \$ _____ | | | COUNTY (OF RESIDENCE): | | SCHOOL DISTRICT (OHIO RESIDENTS): | | | |
| STATE EXEMPTIONS FILING STATUS: _____ Single _____ Married # of _____ Add'l amt \$ _____ | | | YOUR PERSONAL CONTACT EMAIL ADDRESS: | | | | | |
| GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | SMOKER: <input type="checkbox"/> YES <input type="checkbox"/> NO | DISABILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO | VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO | USA CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO | STUDENT EXEMPTION STATUS: AT LEAST HALF-TIME AT BETHANY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| RACE: <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> W - WHITE (NOT OF HISPANIC ORIGIN) <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> TWO OR MORE RACES <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | | | | | CLERGY STATUS (MARK ONLY ONE): <input type="checkbox"/> ORDAINED <small>ORDAINED/LICENSED FACULTY HOUSING AMT?</small> <input type="checkbox"/> LICENSED \$ <input type="checkbox"/> NEITHER | | | |
| • BETHANY DOES NOT WITHHOLD SOCIAL SECURITY OR MEDICARE TAX FROM CLERGY OR STUDENTS. • | | | | | | | | |
| EMERGENCY CONTACT NAME & RELATIONSHIP: | | | CONTACT PHONE: () - | | CONTACT EMAIL ADDRESS: | | | |
| STOP - TO BE COMPLETED BY HUMAN RESOURCES | | | | | | | | |
| PAY TYPE: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY <input type="checkbox"/> ADJUNCT | | | HOURLY WAGE: \$ | | BASIC LIFE: <input type="checkbox"/> YES <input type="checkbox"/> NO | | 10% EMPLOYER PENSION <input type="checkbox"/> YES TIAA-CREF UNTIL FURTHER NOTICE <input type="checkbox"/> NO | |
| FSLA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT | | | SALARY: \$ | | WORKSTATE: | | WORK STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMP/ADJUNCT <input type="checkbox"/> PART-TIME <input type="checkbox"/> PART-TIME | |
| ORIGINAL HIRE DATE: / / | | EMPLOYMENT CATEGORY: <input type="checkbox"/> REGULAR FULL-TIME <input type="checkbox"/> REGULAR PART-TIME <input type="checkbox"/> LIMITED PART-TIME | | | | WORK COMP CODE: □ □ □ □ | | |
| JOB TITLE & BRIEF DESCRIPTION: | | | | | | | | |

★ RETURN FORM PROMPTLY TO START PAYROLL PROCESS ★