

## Seventh-day Adventist Church (British Columbia Conference)

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## Treasury

## **PAYROLL SERVICE RECORD INFORMATION**

Name: Last Name					
Last Name	Firs	First Name		Middle Name	
Address:				PC	
Telephone # ()	Cell # ()		Email:		
Date entered denomination	nal service:	Conferen	ce transferred	from:	
Date of Birth:	Birth Place:		Citizenship:		
SIN:	Date of Marriage:		Date of Ordination:		
	SPOUSE	NFORMATION			
Name:Last Name	First Name			Middle Name	
Date of Birth:	SIN:		Maiden Name:		
*If anything should char	nge regarding your marital s please inform the Confere			arried) or name change,	
	EDU	JCATION .			
Degree / Diploma	Major / Field of Study	Institution		Date Degree Conferred	
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	<u>OFF</u>	ICE USE			
Position Title:	Confirmed Start Date:			Percentage:	
Monthly Salary:	Hourly Rate:	Hourly Rate:		ours Worked / Week:	