



2020  
Church Treasurer's Seminar  
*Southern California  
Conference*

Nick Perez  
Robin Smith  
Claudia Stylc

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# Church Remittance

- Remittance Reports are due in the Conference Office by the 10<sup>th</sup> of each month. Payment is due when reports are submitted.
- If your church does not use Jewel please email your report to me at [rsmith@sccsda.org](mailto:rsmith@sccsda.org)
- Each month when you receive the Remittance Statement 122100 please review. If there is a discrepancy contact me quickly so I can make corrections and clear the account.
- The offering codes for each week are on our web site <https://scc.adventist.org/administration/treasury>

# LFE Report



## Seventh-day Adventist Church

Southern California Conference

### LFE Billing Analytic Report

Sort by: Location

09/17/2017 - 09/30/2017 - Regular Payroll

Posting Option: B

ID	Description	Hours	Earnings	Deductions	Others
<b>Location ID:</b> [REDACTED]					
<b>Department:</b> 4281-Other Auxiliary					
1126	[REDACTED]		Hire Date: [REDACTED]		
10000	Salary		1,385.00		
41604	DC Ret Basic Total				69.25
41701	E FICA				84.25
41702	E FICA Medicare				19.70
42002	WC Ins. PUC, Employer				14.40
42010	Health Care Expense				351.65
42013	Dental				213.35
42022	LTD PUC, Employer				3.34
42023	Basic Life, Employer				7.08
		0.00	1,385.00	0.00	763.02
<b>TOTAL:</b>		<b>2,148.02</b>			
<b>Department:</b> 4281-Other Auxiliary					
10665	[REDACTED]		Hire Date: [REDACTED]		
10100	Reg. Hours	34.00	680.00		
41701	E FICA				42.16
41702	E FICA Medicare				9.86
42002	WC Ins. PUC, Employer				7.07
		34.00	680.00	0.00	59.09
<b>TOTAL:</b>		<b>739.09</b>			
<b>Department:</b> 4281-Other Auxiliary					
11241	[REDACTED]		Hire Date: [REDACTED]		
10100	Reg. Hours	8.00	128.00		
41701	E FICA				7.94
41702	E FICA Medicare				1.86
42002	WC Ins. PUC, Employer				1.33
		8.00	128.00	0.00	11.13
<b>TOTAL:</b>		<b>139.13</b>			
<b>Department:</b> 4281-Other Auxiliary					
11152	[REDACTED]		Hire Date: [REDACTED]		
10000	Salary		2,308.00		
41603	DC Ret Match Total				69.24
41604	DC Ret Basic Total				115.40
41701	E FICA				144.04
41702	E FICA Medicare				33.69
42002	WC Ins. PUC, Employer				24.00
42022	LTD PUC, Employer				5.56
42023	Basic Life, Employer				7.08
		0.00	2,308.00	0.00	399.01
<b>TOTAL:</b>		<b>2,707.01</b>			
<b>Location ID Total:</b>		<b>5,733.25</b>			

# WAGE AND HOUR LAW

Meal Break

Rest Break

# Meal Break

## CA Labor Code Sec. 512

Under California law, an employer may not employ an employee for a work period of more than five hours a day without providing the employee with a meal period of at least 30 minutes. If the employee's total work period for the day does not exceed six hours, the meal period may be waived by mutual consent of both the employer and employee. A second meal period of not less than 30 minutes is required if an employee works more than 10 hours per day, but if the total hours worked that day is not more than 12 hours, the second meal period may be waived by mutual consent of the employer and employee only if the first meal period has not been waived.

An employer that fails to provide the employee with a required meal period is subject to a penalty of paying the employee one additional hour of pay at the employee's regular rate of pay for each workday that the meal period is not provided. This additional hour imposed as a penalty is not counted as hours worked for purposes of overtime calculations. You can find more information about the California meal penalty on the California Department of Industrial Relations (DIR) Frequently Asked Questions webpage (<https://www.dir.ca.gov/dlse/dlse-faqs.htm>) under the link "Meal periods."

# Rest Break

## IWC Order 4-2001 Sec.12

(A) Every employer shall authorize and permit all employees to take rest periods, which insofar as practicable shall be in the middle of each work period. The authorized rest period time shall be based on the total hours worked daily at the rate of ten (10) minutes net rest time per four (4) hours or major fraction thereof. However, a rest period need not be authorized for employees whose total daily work time is less than three and one-half (3 1/2) hours. Authorized rest period time shall be counted as hours worked for which there shall be no deduction from wages.

(B) If an employer fails to provide an employee a rest period in accordance with the applicable provisions of this order, the employer shall pay the employee one (1) hour of pay at the employee's regular rate of compensation for each workday that the rest period is not provided.

# Meal Break Request & 2nd Meal Waiver

Southern California Conference of Seventh-day Adventists  
MEAL BREAK WORK REQUEST



Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_  
Employee: \_\_\_\_\_ Date for work authorization: \_\_\_\_\_

There are TWO types of meal break requests:

- 1) **Supervisor-requested** (requesting the employee to give up/postpone a meal break for a work-related task)
- 2) **Employee-requested** (requesting to work through the normal lunch period for their own schedule accommodation)

**LABOR CODE:**  
The California Division of Labor Standards Enforcement requires that a meal break be provided if an employee works six hours or more. A 30-minute meal break should begin before the fifth hour of work and be completed before the sixth hour after you begin work. SCC policy allows for a 60-minute meal break. At the request of the employee, the employee may choose to work through lunch, under the following SCC policy:  
**Working during the lunch break at the employee's request:**  
If an employee chooses, without encouragement or request of a supervisor, to delay or even work through the lunch break, the time worked shall be considered work time and will be paid at the regular work rate. The lunch penalty will not apply. However, the time worked during the lunch break will be included in work time for calculating overtime. The delayed or missed lunch break must satisfy the following requirements:

- The delay or skipping of the lunch break must be at the request of the employee but with the prior consent of the supervisor;
- Neither SCC nor any of its supervisors shall encourage or request that the employee delay or skip the lunch break;
- No work duties may be assigned or requested during the lunch break;
- Neither SCC nor any of its supervisors shall control the activities of the employee during the lunch break;
- Employee shall be allowed to take an uninterrupted 30-60 minute lunch break;
- The lunch break must be away from the employer's office, or while the employee's office door is closed;
- The employee will clock out and clock in at the beginning and end of the lunch break;

If the employee is requested or required to delay the required lunch period or to work during lunch by the employee's supervisor, or work circumstances prevent the employee from taking the required lunch, the employee shall be granted the lunch penalty.

The employee and supervisor acknowledge the above statement when signing the appropriate box below.

Select one box below to indicate who is requesting this accommodation:

**Supervisor-Requested**

The supervisor is requesting the employee to work through their normal meal break to attend to a time-sensitive task, to attend a meeting/event, or other work-related project. The employer will be charged the "lunch penalty rate" of 1 hour plus the regular pay rate for missing the mandated meal break.

Requestor (Supervisor) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee response:**

- I will work through my lunch as requested.  
 I will NOT accommodate this request.

Approver (Employee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee-Requested**

The employee is requesting to stay at work instead of taking a meal break for their own convenience or schedule accommodation (such as taking their break at a later time in the day to go to a personal appointment). The employee will NOT be paid at the "lunch penalty rate" during the meal period worked.

Requestor (Employee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor response:**

- This request is APPROVED.  
 This request is DENIED.

Approver (Supervisor) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For official use only:

Date received by HR: \_\_\_\_\_ Initials: \_\_\_\_\_  HR will deliver to Payroll

Meal Break Authorization Ed: 9/2019

SOUTHERN CALIFORNIA CONFERENCE  
Meal Period Waiver – 2<sup>nd</sup> Meal

Employee Name \_\_\_\_\_

SCC is required to provide a second meal period of no fewer than 30 minutes for all workdays in which an employee works more than 10 hours, but not more than 12 hours. An employee may choose to waive the 2<sup>nd</sup> meal period requirement if it is agreed upon by both the employee and the employer and by understanding and agreeing to the following:

1. I may waive my second required 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 12 hours or less in one workday.
2. I may **not** waive my second required 30-minute unpaid meal break if I waived my first meal period, which must have begun no later than the 5<sup>th</sup> hour of work.
3. In order for this waiver to be valid, an authorized company official must also authorize the waiver in writing by signing below.
4. You may revoke this agreement to waive your second meal break by writing and delivering to your supervisor a letter revoking the waiver.

Employee Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Right to Revoke 2<sup>nd</sup> Meal Period:**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Employer Use Only:**

Check One:

- Your meal break waiver request has been approved.  
 Your meal break waiver request has been denied.

HR Director Signature \_\_\_\_\_ Date \_\_\_\_\_

- Copy to Employee  
 Copy to Payroll  
 Copy to Supervisor

# PAYROLL SCHEDULE

- Timecards are due on Monday by 5:00pm
- Timecards are due by 10:00am on Sunday if Monday is a Holiday
- Timecards are due by 3:00pm on Friday if possible but no later than 10:00am on Sunday Holiday falls midweek

2021 Payroll Schedule

	<u>Start Pay Period</u>	<u>End Pay Period</u>	<u>Timecards Due</u>	<u>Payroll Date</u>
1	12/20/2020	1/2/2021	1/4/2021	1/8/2021
2	1/3/2021	1/16/2021	<b>*1/17/2021</b>	1/22/2021
3	1/17/2021	1/30/2021	2/1/2021	2/5/2021
4	1/31/2021	2/13/2021	<b>*2/14/2021</b>	2/19/2021
5	2/14/2021	2/27/2021	3/1/2021	3/5/2021
6	2/28/2021	3/13/2021	3/15/2021	3/19/2021
7	3/14/2021	3/27/2021	3/29/2021	4/2/2021
8	3/28/2021	4/10/2021	4/12/2021	4/16/2021
9	4/11/2021	4/24/2021	4/26/2021	4/30/2021
10	4/25/2021	5/8/2021	5/10/2021	5/14/2021
11	5/9/2021	5/22/2021	5/24/2021	5/28/2021
12	5/23/2021	6/5/2021	6/7/2021	6/11/2021
13	6/6/2021	6/19/2021	6/21/2021	6/25/2021
14	6/20/2021	7/3/2021	<b>**7/2/2021</b>	7/9/2021
15	7/4/2021	7/17/2021	7/19/2021	7/23/2021
16	7/18/2021	7/31/2021	8/2/2021	8/6/2021
17	8/1/2021	8/14/2021	8/16/2021	8/20/2021
18	8/15/2021	8/28/2021	8/30/2021	9/3/2021
19	8/29/2021	9/11/2021	9/13/2021	9/17/2021
20	9/12/2021	9/25/2021	9/27/2021	10/1/2021
21	9/26/2021	10/9/2021	10/11/2021	10/15/2021
22	10/10/2021	10/23/2021	10/25/2021	10/29/2021
23	10/24/2021	11/6/2021	<b>**11/5/2021</b>	11/12/2021
24	11/7/2021	11/20/2021	<b>**11/19/2021</b>	11/26/2021
25	11/21/2021	12/4/2021	12/6/2021	12/10/2021
26	12/5/2021	12/18/2021	<b>**12/17/2021</b>	12/24/2020



# INCORRECT TIME SHEET

## ERRORS IN TIME SHEET

### Southern California Conference Hourly Time Report

Work Location: \_\_\_\_\_  
 Employee Name & ID Number: Joe Smith Job Title: \_\_\_\_\_  
 For Pay Period 09/13/20 to 09/26/20 09/28/20  
 Beginning Ending Timecards Due  
 Employee Signature: (1) Date Signed: \_\_\_\_\_

This is the period during which the work was performed.									Regular Hours	Overtime		OTHER (Please Specify)
Date Worked	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time		Time & A Half Hours**	Double Time Hours***	
13-Sun									0.00	0.00	0.00	
14-Mon	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
15-Tue	8:00 AM	12:00 PM	12:30 PM	3:00 PM		SICK			6.50	0.00	0.00	
16-Wed	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
17-Thu	8:00 AM	12:30 PM				went home sick			4.50	0.00	0.00	S
18-Fri	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
19-Sat									0.00	0.00	0.00	
									30.50	0.00	0.00	0.00
20-Sun									0.00	0.00	0.00	
21-Mon	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
22-Tue	8:00 AM	3:00 PM				NO LUNCH			7.00	0.00	0.00	
23-Wed	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
24-Thu	8:00 AM	12:00 PM	12:30 PM	3:00 PM		VACATION			6.50	0.00	0.00	
25-Fri	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	\$6.5
26-Sat									0.00	0.00	0.00	
Totals									63.50	0.00	0.00	0.00

### Instructions

**Employee:** Fill in dates worked, start time and end time for each work period. Sign and date this form.

**Location Official:**

1. Fill in the location name, date submitted and pay period beginning and ending dates.

2. Verify hours worked.

3. Fill in employee name, ID number and job title.

4. Sign this form and fax it to (818) 546-8447

or email it to payroll@sccsda.org.

**Note:** New employees must complete all employment paperwork with Human Resources before starting work.

**DO NOT begin work until all paperwork is cleared.**

If you have questions about your paperwork contact:

hr@sccsda.org.

\* Hours must be entered in military time.

\*\*Overtime is hours over 8 and up to 12 in one day and hours over 40 in one week. Hours worked on the seventh consecutive day of the work week are also consider overtime.

\*\*\*Double time hours are hours worked over 12 hours in one day and the hours over 8 worked on the seventh consecutive day of the work week.

\*\*\*\* Other: Please specify if you are requesting Vaction, Holiday or Sick hours.

V=Vacation S=Sick H=Holiday

If requesting Jury hours provide "Jury Service Notice". If requesting bereavement leave, contact HR for authorization prior to requesting hours.

(6)  
 Signature of Pastor, Treasurer, or Director

\_\_\_\_\_  
 Date Signed

Revised 12/10/2019

1: NO EMPLOYEE SIGNATURE

2: work hours logged but then the word sick is written next to the logged hours (when this happens we will pay the hours logged)

3: Employee worked part of the day and went home sick. employer wrote the word sick next to the hours logged. ( again we will only pay the hours logged )

4: employee turned in a pre filled time sheet then he took vacation and wrote the word vacation next to the hours logged. ( Again we will only pay the hours logged which means employee's vacation accrual were not touched, and employer paid for hours not worked.)

5: Employee logged hours but then on the column "other" employee entered \$6.5. ( again we will pay the hours logged and not the sick hours which means employee's sick bank did not diminish)

6: NO SUPERVISOR SIGNATURE

7: Employee did not take a lunch break. ( in order not to pay a lunch penalty employee needs to turn in a meal waiver form other wise employer will have to pay the meal penalty which is 1 hour of work at regular rate.)

# CORRECT TIME SHEET

## Southern California Conference Hourly Time Report

Work Location: SCC  
 Employee Name & ID Number: Joe Smith Job Title: Secretary  
 For Pay Period: 09/27/20 to 10/10/20 **10/12/20**  
 Beginning Ending **Timecards Due**  
 Employee Signature: Joe Smith Date Signed: 10/12/20

**This is the period during which the work was performed.**

Date Worked	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Regular Hours	Overtime		OTHER (Please Specify)
										Time & A Half Hours**	Double Time Hours***	
27-Sun									0.00	0.00	0.00	
28-Mon	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
29-Tue									0.00	0.00	0.00	S8
30-Wed	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
1-Thu	8:00 AM	12:30 PM							4.50	0.00	0.00	S2.5
2-Fri	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
3-Sat									0.00	0.00	0.00	
									24.00	0.00	0.00	0.00
4-Sun									0.00	0.00	0.00	
5-Mon	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
6-Tue	8:00 AM	3:00 PM							7.00	0.00	0.00	
7-Wed	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
8-Thu									0.00	0.00	0.00	V8
9-Fri	8:00 AM	12:00 PM	12:30 PM	3:00 PM					6.50	0.00	0.00	
10-Sat									0.00	0.00	0.00	
									26.50	0.00	0.00	0.00
<b>Totals</b>									50.50	0.00	0.00	0.00

### Instructions

**Employee:** Fill in dates worked, start time and end time for each work period. Sign and date this form.

**Location Official:**

- Fill in the location name, date submitted and pay period beginning and ending dates.
- Verify hours worked.
- Fill in employee name, ID number and job title.
- Sign this form and fax it to (818) 546-8447 or email it to payroll@sccsda.org.

**Note:** New employees must complete all employment paperwork with Human Resources before starting work. **DO NOT begin work until all paperwork is cleared.** If you have questions about your paperwork contact: hr@sccsda.org.

\* Hours must be entered in military time.

\*\*Overtime is hours over 8 and up to 12 in one day and hours over 40 in one week. Hours worked on the seventh consecutive day of the work week are also consider overtime.

\*\*\*Double time hours are hours worked over 12 hours in one day and the hours over 8 worked on the seventh consecutive day of the work week.

\*\*\*\* Other: Please specify if you are requesting Vaction, Holiday or Sick hours.  
 V=Vacation S=Sick H=Holiday  
 If requesting Jury hours provide "Jury Service Notice". If requesting bereavement leave, contact HR for authorization prior to requesting hours.

[Signature]  
 Signature of Pastor, Treasurer, or Director  
10/12/20  
 Date Signed

# SCC WEBSITE

**<https://scc.adventist.org/administration/treasury>**.

- **Payroll Schedule**
- **Payroll Time Sheet**
- **Meal Break Waivers**
- **Instructions for using APS  
Employee Online Services**

# CONTACT INFO

**payroll@sccsda.org**

**(818)546-8470 Robin Smith**

**(818)546-8477 Claudia Stylc**

**nperez@sccsda.org**

**(818)546-8474 Nick Perez**





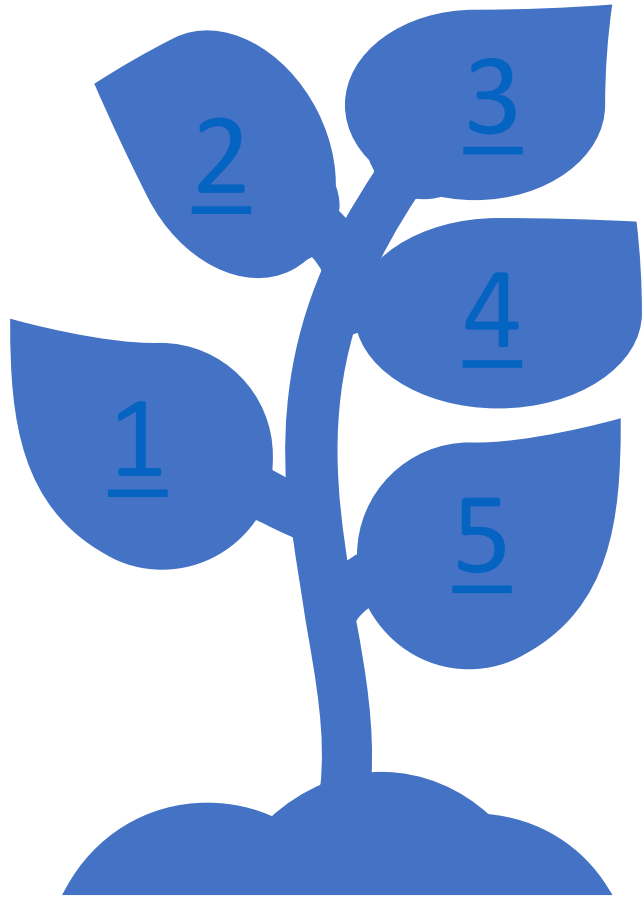
Questions?



# Capital Improvements

Nick Perez

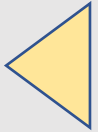
# Overview



1. Definition
2. Why should I report this?
3. What do I report?
4. How do I submit this information?
5. Summary

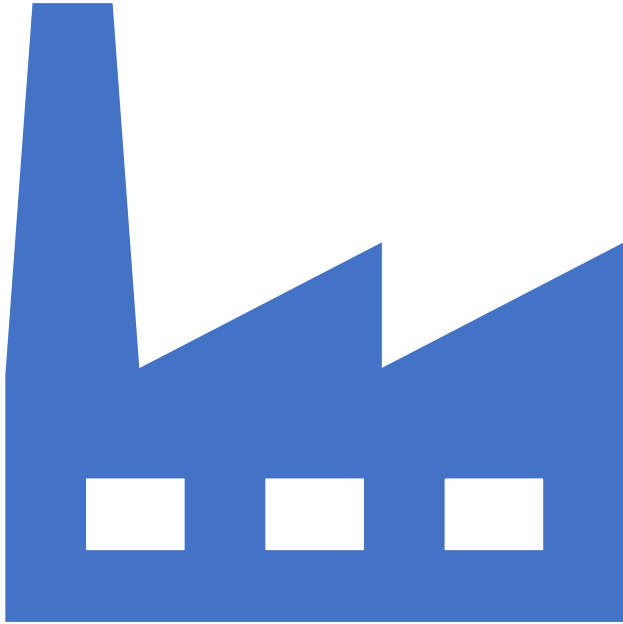


# 1. Definition





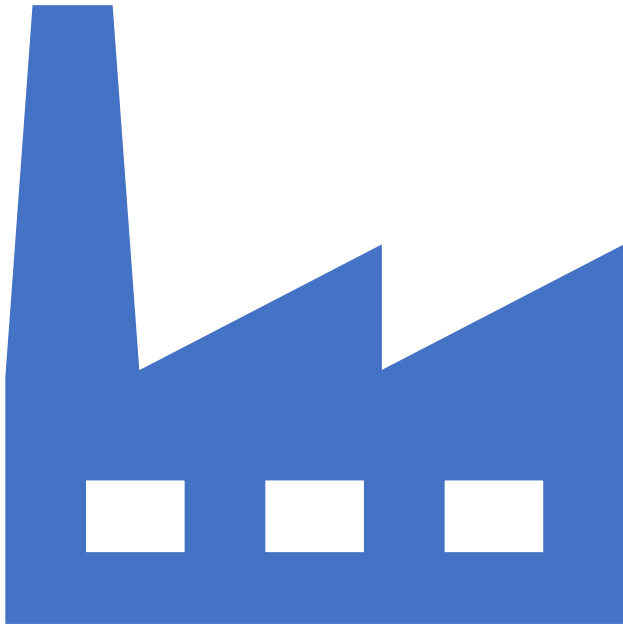
*Section 1 of 5 – “Definition”*



# What is a capital improvement?

The addition of a permanent structural change or the restoration of some aspect of a property that will either enhance the property's overall value, prolong its useful life, or adapt it to new uses

*Section 1 of 5 – “Definition”*



# Examples

- New Building
- Adding to an existing building
- Installing or major resurfacing of the parking lot
- Installing or replacing a fence or wall
- Major landscaping improvements
- Major replacements or improvements

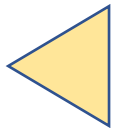
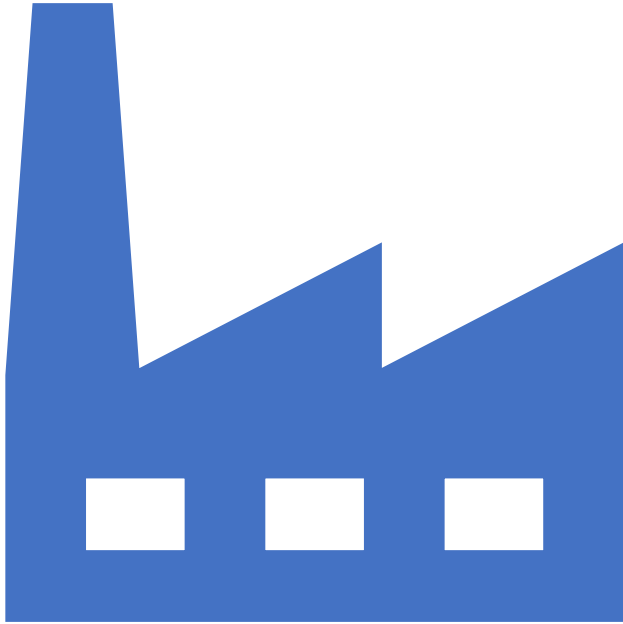


2. Why do I need to report this?





*Section 2 of 5 – “Why report this?”*



# Trust and Stewardship

- SCC Corporate entity
- Trust in our institution
- Stewardship

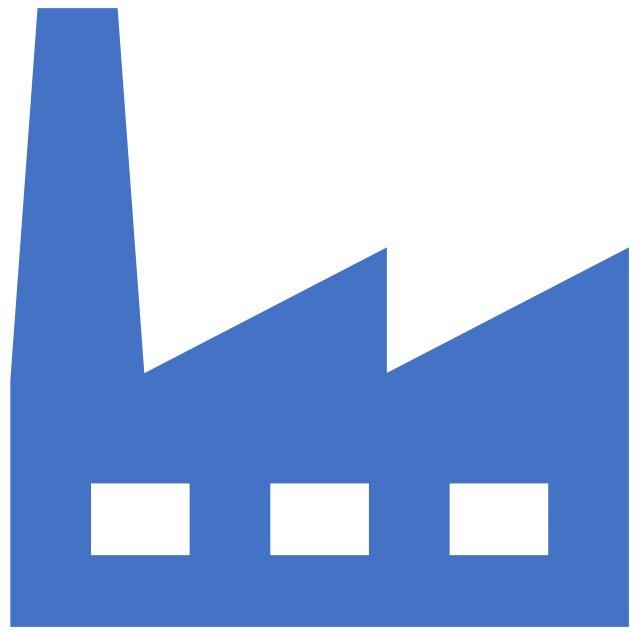


### 3. What do I need to Report

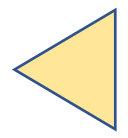


# Requirements

*Section 3 of 5 – “What do I need to report?”*

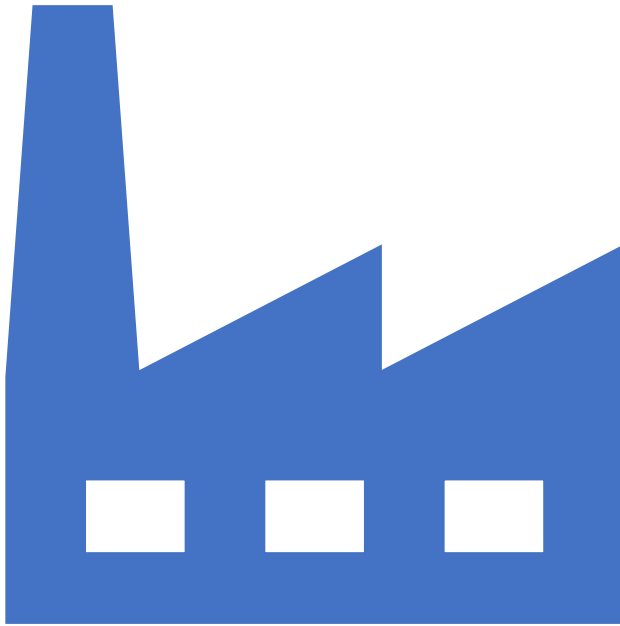


- All projects to be reported are to have a threshold of \$20,000 or more
- The threshold applies to single projects not an accumulation of all projects done this year.
- Keep records of invoices and receipts
- Report on projects even if they aren't complete in 2020



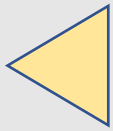
# Requirements contd.

*Section 3 of 5 – “What do I need to report?”*



- 3 Categories of Improvements:
  - Building – new or renovated
  - Land – newly acquired or improved
  - Equipment - New or repaired
- Please make sure it includes a descriptive name and location
- Non-obvious costs: Preconstruction costs
- Demolishing previous building
- Volunteers/donations/discounts

## 4. How to Report





# Online Form

## Section 4 of 5 – “How do I report this information?”

\* Required

1. What is the name of your church? \*

2. What is your name? \*

3. What is your title at your church? \*

4. I certify that I am authorized to provide this information and that my identity is reflected in questions 2 and 3. \*

Yes

No

5. A capital improvement is any major construction project at your church/school. Did you have any capital improvements projects that were completed in 2020? \*

Yes, we had project(s) that cost over \$20,000

Yes, we had improvement(s) but they were under \$20,000

We have no improvements, purchases or sales of land and buildings to report for the calendar year 2019

6. Is the project complete? \*

Yes

No

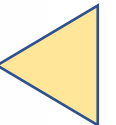
Not Applicable

7. I certify that the above facts are true to the best of my knowledge \*

Yes

No

Submit

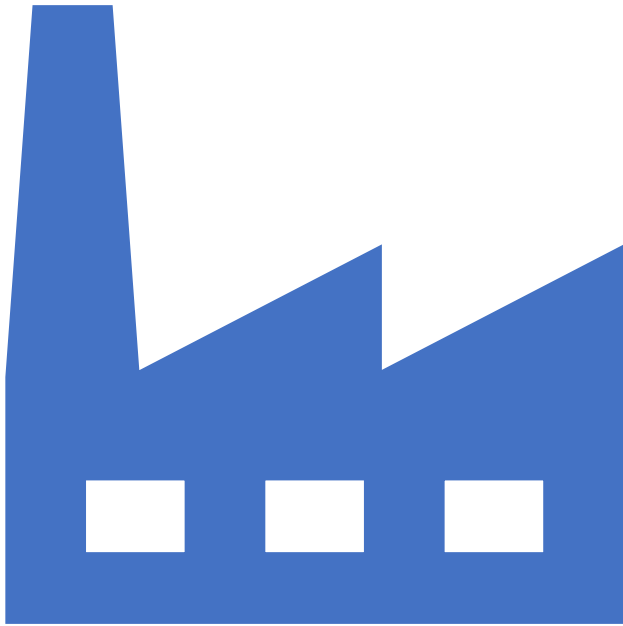




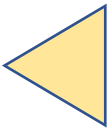


# We need a response!

*Section 4 of 5 – “How do I report this information?”*

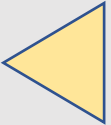


- We cannot assume that no response means that no work was done!





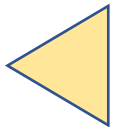
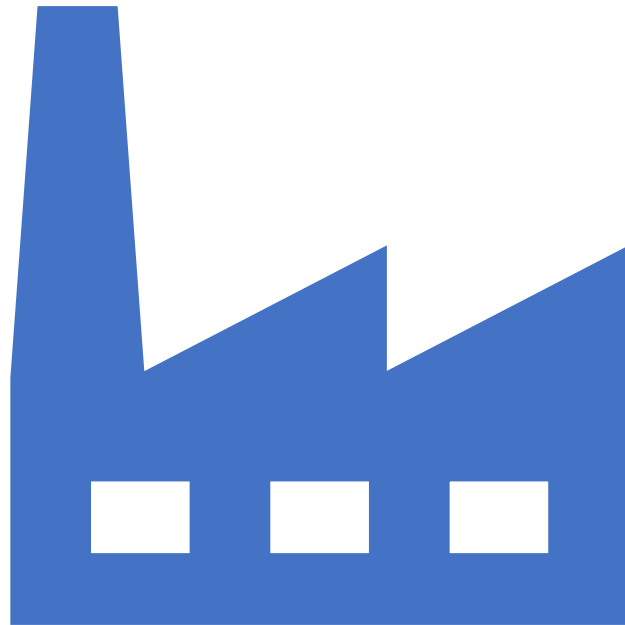
## 5. Summary





# Headlines

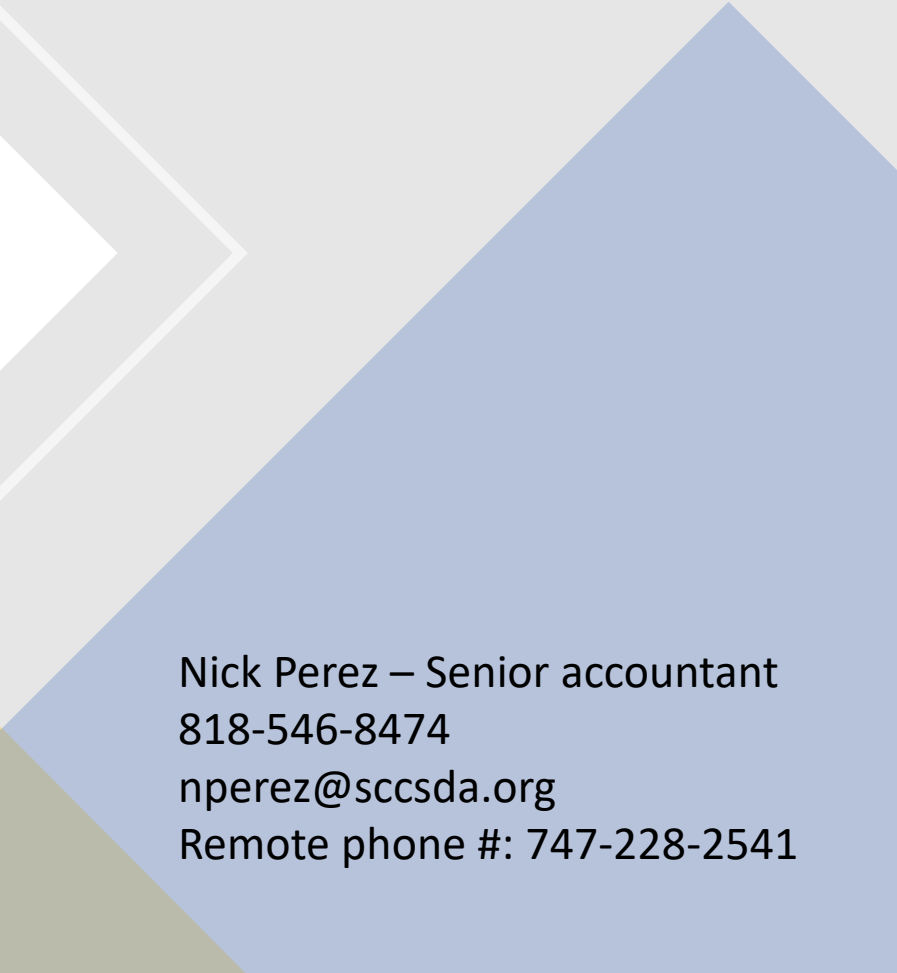
*Section 5 of 5 – “Summary”*



1. Definition – Building projects / demolitions
  2. Why report? – The conference needs to value your buildings accordingly
  3. What to report – any project over \$20,000
  4. How to report – online form, email, phone, snail mail
- **Deadline Jan 15, 2021**
  - **Make sure that SCC has your contact info!**



# Questions?



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