PERSONNEL ACTION REQUEST

Southeastern California Conference of Seventh-day Adventists

(office use)

Emp.#: _____

Base Accrual Date:

EMPLOYEE INFO

Employee Name: _____

☐ New position (include job description) **Supervisory position: YES** ☐ **NO** ☐

NEW ☐ REHIRE ☐ ADDITIONAL ASSIGNMENT ☐

☐ Full-Time ☐ Regular ☐ Student ☐ Biweekly Salary: _____

☐ Part-Time ☐ Temporary ☐ On-Call ☐ Hourly Rate: _____

Job Title: _____ Name of Supervisor: _____

Place of Work: _____ Date Voted by Local Board: _____

Hours/Week or FTE: _____ Starting Date: _____ Ending Date: _____

In addition to the wages, there are other employment expenses. HR assumes no responsibility for budget calculations.

Comments: _____

CHANGE ☐ TRANSFER ☐

Current Work Location: _____ Effective Date: _____

☐ New Work Location: _____ ☐ Hours/Week or FTE: _____

☐ Job Title: _____ ☐ Bi-Weekly Salary/Hourly Rate: _____

☐ Status Change: ☐ Full-Time ☐ Part-Time ☐ Regular ☐ Temporary ☐ On-Call ☐ LTD (DI 42022)

Comments: _____

TERMINATION ☐ LEAVE OF ABSENCE ☐

Effective Date: _____ Work Location: _____

☐ Resignation (attach letter) ☐ Layoff/Reduction-In Force ☐ Dismissal ☐ Retirement

☐ Other: _____ ☐ Leave of Absence Begin: _____ End: _____

Vacation/Paid Leave Due: _____

Comments: _____

Initiating Supervisor _____ _____ Date _____
(signature) (print)

Department Head _____ _____ Date _____
(signature) (print)

TO BE COMPLETED BY HUMAN RESOURCES:

☐ Approved ☐ Not Approved Date: _____

Qualifies for: ☐ LTD (DI 42022)

☐ Medical ☐ Auto ☐ Retirement ☐ Paid Leave ☐ Parsonage

Remuneration _____ Cost Area _____ FTE _____ Travel _____

EEOC Number _____ Worker's Comp Title/Code _____ Credential _____

Charge to _____

Comments: _____

Audited by: _____ **Date:** _____

FTE Audit by: _____ **Date:** _____

Human Resources Director (sign) **Date**

10/2011 White - Human Resources Blue - Payroll Green - Insurance Yellow - Department Head Pink - Employee Goldenrod - Service Records