PERSONNEL ACTION REQUEST

Southeastern California Conference of Seventh-day Adventists

EMPLOYEE INFO

Employee Name: _____

Work Location: _____ Name of Supervisor: _____

Effective Date: _____ Job Title: _____

NEW ☐ **REHIRE** ☐

☐ Full-Time ☐ Part-Time ☐ On-Call Rate of Pay: _____ ☐ Salary/biweekly ☐ Hourly

☐ Regular ☐ Temporary (3 Month Maximum) Hours/Week or FTE: _____

Ending Date (if applicable): _____

Comments: _____

_____

CHANGE ☐ **ADDITIONAL ASSIGNMENT** ☐

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

☐ New Job Title: _____ ☐ New Rate of Pay: _____

☐ Status Change: ☐ Full-Time ☐ Part-Time ☐ Regular ☐ Temporary ☐ On-Call ☐ LTD

☐ Other: _____

Comments: _____

_____

TERMINATION ☐ **SETTLEMENT** ☐

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

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

Vacation Cash Out Due _____

Comments: _____

_____

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

Supervisor _____ (Signature) _____ (Print) Date: _____

Department Head _____ (Signature) _____ (Print) Date: _____

TO BE COMPLETED BY HUMAN RESOURCES:

Benefits: ☐ Non-Benefit Eligible / <50% ☐ 20-29 Hours / 50% ☐ 30-37 Hours / 75% ☐ 38-40 Hours / 100% ☐ DD ☐ Auto Subsidy

Remuneration _____ Cost Area _____ Charge _____ Travel _____ FTE _____

Vacation Accrual Date _____ 24 Hours Sick Bank Date _____ ☐ Approved ☐ Not Approved Date: _____

Audited by: _____ **Date:** _____ _____

03/2020 ☐ HR ☐ Payroll **Human Resources Director (Signature)**