FTE Audit by: \_\_

06/2015

## PERSONNEL ACTION REQUEST

office use)	

Emp.#:\_\_\_\_ Southeastern California Conference of Seventh-day Adventists Base Accrual Date: Employee Name: \_\_\_\_\_ **EMPLOYEE** INFO New position (include job description) Supervisory position: YES  $\square$  NO  $\square$ ☐ Full-Time ☐ Regular ☐ On-Call ☐ Biweekly Salary: NEW Part-Time Temporary (3 Month Maximum) ☐ Hourly Rate: Job Title: \_\_\_\_\_\_ Name of Supervisor:\_\_\_\_\_ Place of Work:\_\_\_\_\_\_ Date Voted by Local Board:\_\_\_\_\_ REHIRE Starting Date: \_\_\_\_\_ Ending Date: Hours/Week or FTE: ☐ Part-time/on-call employee expected to work 30 days or more this year **ADDITIONAL** ASSIGNMENT In addition to the wages, there are other employment expenses. HR assumes no responsibility for budget calculations. Current Work Location: Effective Date: New Work Location: Hours/Week or FTE: **CHANGE** ☐ Job Title: Bi-Weekly Salary/Hourly Rate: ☐ Status Change: ☐ Full-Time ☐ Part-Time ☐ Regular ☐ Temporary ☐ On-Call ☐ LTD (DI 42022) LTD Effective Date: \_\_\_\_\_ Work Location: \_\_\_\_ **TERMINATION** Resignation (attach letter) Layoff/Reduction-In Force Dismissal Retirement П Other: \_\_\_\_\_ End: \_\_\_\_ End: \_\_\_\_ **SETTLEMENT** Vacation/Paid Leave Due:  $\Box$ Initiating Supervisor \_\_\_\_\_ (print) (signature) Department Head (print) (signature) ☐ LTD (DI 42022) ☐ Cell Phone\_\_\_\_\_ Qualifies for: TO BE COMPLETED BY HUMAN RESOURCES: Approved Date: Medical Auto Retirement Paid Leave/Vacation Parsonage Cost Area Remuneration \_\_\_\_\_ \_\_\_\_ Credential \_\_\_ EEOC Number \_\_\_ Worker's Comp Title/Code \_\_\_\_\_ Comments: \_\_\_\_ Date: \_\_\_\_ Audited by: \_\_

\_\_\_\_\_ Date: \_\_\_ ☐ - Human Resources ☐ - Payroll ☐ - Insurance  $\square$  - Supervisor  $\square$  - Employee ☐ - Service Records

Human Resources Director (sign)