



# PERSONNEL ACTION REQUEST

Southeastern California Conference  
of Seventh-day Adventists

(office use)

Emp.#: \_\_\_\_\_

Base Accrual Date: \_\_\_\_\_

<b>EMPLOYEE INFO</b>	Employee Name: _____ <input type="checkbox"/> New position (include job description) <b>Supervisory position: YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Regular <input type="checkbox"/> On-Call <input type="checkbox"/> Biweekly Salary: _____ <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (3 Month Maximum) <input type="checkbox"/> Hourly Rate: _____ Job Title: _____ Name of Supervisor: _____ School Name: _____ Date Voted by Local Board: _____ Hours/Week or FTE: _____ Starting Date: _____ Ending Date: _____ <input type="checkbox"/> Part-time/on-call employee expected to work 30 days or more this year <b>In addition to the wages, there are other employment expenses. HR assumes no responsibility for budget calculations.</b> Comments: _____
<b>CHANGE</b> <input type="checkbox"/> <b>LTD</b> <input type="checkbox"/>	Current Work Location: _____ Effective Date: _____ <input type="checkbox"/> New Work Location: _____ <input type="checkbox"/> Hours/Week or FTE: _____ <input type="checkbox"/> Job Title: _____ <input type="checkbox"/> Bi-Weekly Salary/Hourly Rate: _____ <input type="checkbox"/> Status Change: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call <input type="checkbox"/> LTD (DI 42022) Comments: _____
<b>TERMINATION</b> <input type="checkbox"/> <b>SETTLEMENT</b> <input type="checkbox"/>	Effective Date: _____ Work Location: _____ <input type="checkbox"/> Resignation (attach letter) <input type="checkbox"/> Layoff/Reduction-In Force <input type="checkbox"/> Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> Other: _____ <input type="checkbox"/> Leave of Absence Begin: _____ End: _____ Vacation/Paid Leave Due: _____ Comments: _____
Principal or Designee _____ Date _____ (signature) (print) Office of Education _____ Date _____ (signature) (print)	

**TO BE COMPLETED BY EDUCATION OFFICE:**

Charge to \_\_\_\_\_

Qualifies for:  Medical (100%)  Retirement/Paid Leave (50%+)  LTD (75%+)

Worker's Comp Title/Code:  1/8810  9/8868  15/9101  23/5403

Comments: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

- Human Resources  - Payroll  - Insurance  - Department Head  - Employee  - Office of Education