



PERSONNEL ACTION REQUEST

Southeastern California Conference of Seventh-day Adventists

EMPLOYEE INFO	Employee Name: _____ Work Location: _____ Name of Supervisor: _____ Effective Date: _____ Job Title: _____
NEW <input type="checkbox"/> REHIRE <input type="checkbox"/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call Rate of Pay: _____ <input type="checkbox"/> Salary/biweekly <input type="checkbox"/> Regular <input type="checkbox"/> Temporary (3 Month Maximum) <input type="checkbox"/> Hourly Hours/Week or FTE: _____ Ending Date (if applicable): _____ Comments: _____
CHANGE <input type="checkbox"/> ADDITIONAL ASSIGNMENT <input type="checkbox"/>	<input type="checkbox"/> New Work Location: _____ <input type="checkbox"/> New Hours/Week or FTE: _____ <input type="checkbox"/> New Job Title: _____ <input type="checkbox"/> New Rate of Pay: _____ <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 <input type="checkbox"/> Other: _____ Comments: _____
TERMINATION <input type="checkbox"/> SETTLEMENT <input type="checkbox"/>	<input type="checkbox"/> Resignation (attach letter) <input type="checkbox"/> Reduction-In Force <input type="checkbox"/> Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> Leave of Absence: Begin: _____ End: _____ <input type="checkbox"/> 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: _____