



PERSONNEL ACTION REQUEST

Southeastern California Conference of Seventh-day Adventists

Employee Name: _____ Job Title: _____

Email Address: _____ Phone Number: _____

Work Location: _____ Name of Supervisor: _____

NEW ☐

Requested Start Date: _____

☐ Full-Time ☐ Part-Time ☐ On-Call ☐ Regular ☐ Temporary (**3 Month Maximum**)

Hours/Week or FTE: _____ Rate of Pay: _____ ☐ Hourly ☐ Biweekly* Ending Date (if applicable): _____

Comments: _____

*Biweekly salary is paid only under specific terms. **Must be pre-approved through HR/OE before offering to candidate**

CHANGE ☐ **ADDITIONAL ASSIGNMENT** ☐

Effective Date: _____ New Work Location: _____ New Job Title: _____

New Hours/Week or FTE: _____ New Rate of Pay: _____ Name of Supervisor: _____

☐ Status Change: ☐ Full-Time ☐ Part-Time ☐ Regular ☐ On-Call ☐ Temporary: (Ending Date: _____)
☐ LTD ☐ FMLA ☐ Other: _____

Comments: _____

TERMINATION ☐ **SETTLEMENT** ☐

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

☐ Other: _____ Termination Effective Date: _____

Comments: _____

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

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

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

TO BE COMPLETED BY HUMAN RESOURCES OR OFFICE OF EDUCATION:

☐ Sick Bank _____ ☐ Sick/Vacation Accrual ☐ Retirement ☐ Medical ☐ HCAP ☐ Auto Subsidy ☐ Cell Phone ☐ LTD

FTE: _____ Remuneration: _____ Cost Area: _____ Travel: _____ Charge to: _____

Work Comp Code: _____ ☐ Approved ☐ Not Approved Date: _____ ☐ Ad Com ☐ Exec Com ☐ Other: _____

Comments: _____

Audited by: _____ Date: _____

Human Resources Director / Education Office Designee

Date

04/2025