

EMPLOYEE SERVICE RECORD

First Name: _____ Social Security Number: _____
Middle Name: _____ Date of Birth: _____
Last Name: _____ Birthplace: _____
Maiden Name: _____ Citizenship: _____
Suffix: _____ Date of Ordination: _____
Address: _____ NAD Retirement Date: _____
City: _____ Date of Marriage: _____
State: _____ Spouse's Name: _____
Postal Code: _____ Spouse's Birthdate: _____
Phone Number: _____ Date Entered Denominational Service: _____
E-Mail Address: _____
Military Service: Country: _____ Branch: _____ Begin: _____ End: _____

Educational Record

Level of Education	Degree/Diploma Held	Institution	Year Received
College:	_____	_____	_____
Graduate:	_____	_____	_____
Doctoral:	_____	_____	_____
Other:	_____	_____	_____

Denominational Employment

(list the last place of denomination employment only)

Position/Type of Work: _____ Beginning Date: _____
Employing Organization: _____ Ending Date: _____
Conference Affiliation: _____

A record shall be maintained for all full-time employees, salaried employees working 50% or more, and hourly employees working 50% or more per year.
Upon completion of this form, please return to the address listed below:

Southeastern California Conference
Human Resources Department
11330 Pierce Street / P. O. Box 79990
Riverside, CA 92513

Revision Date: 09 April 2008