



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.

Initialing 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

11/2024