

**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 <input type="checkbox"/> NO <input type="checkbox"/></b>	
<b>NEW</b> <input type="checkbox"/> <b>REHIRE</b> <input type="checkbox"/> <b>ADDITIONAL ASSIGNMENT</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: _____	
<b>CHANGE</b> <input type="checkbox"/> <b>LTD</b> <input type="checkbox"/>	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>TERMINATION</b> <input type="checkbox"/> <b>SETTLEMENT</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: _____		
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