



PERSONNEL ACTION REQUEST
Central California Conference

Date approved by LFEC: _____

EMPLOYEE INFO	Employee Name (F,MI, L) _____ New Position (include job description) _____ Social Security Number _____ - _____ - _____ Replacement For: _____
NEW REHIRE	Full-Time Regular (7 mos. or more) Occasional (on-call) Monthly \$ _____ Part-Time Temporary (6 mos. or less) Seasonal (summer emp.) Hourly \$ _____ Funding Source: Locally-Funded Conference-Funded (Dept.) _____ Job Title: _____ Avg. Hours Per Week: _____ Place of Work: _____ Starting Date: _____ "At-will" employment will continue no later than (if any) _____ Date Voted By Local Board: _____ Treasurer's Signature: _____ Has this person worked for us before? Yes No If yes, please specify location and dates: _____ Does this person currently work for another SDA entity in our Conference? Yes* No If yes, please specify location: _____ <small>*The entity (last organization that either employs or increases hours) triggering an employee's healthcare eligibility is fully liable to cover healthcare, unless a mutually agreed upon MOU between the two entities states otherwise. An employee is eligible for healthcare when he/she averages 30 or more combined hours during the employee's Measurement Period of the Affordable Healthcare Act.</small> Does this person currently volunteer for a similar position at another SDA entity in our Conference? Yes No If yes, please specify location: _____ Does this employee receive any other tangible benefits? Yes No If yes, please specify: _____ Have references been verified? Yes No
CHANGE OF: ADDRESS PAY RATE JOB TITLE OTHER	New Address: _____ <small>Street or P.O. Box Apt. #</small> _____ <small>City State Zip Phone</small> New Pay Rate: \$ _____ Hourly Monthly Effective Date: _____ New Job Title: _____ Effective Date: _____ Change of Status: FT PT Avg. hrs. per week _____ Effective Date: _____ Other: _____ <i>Note: Report change of name (marriage, etc.) by submitting new W-4 form</i>
TERMINATION LEAVE OF ABSENCE	Resignation Layoff End of Assignment Effective Date: _____ Retirement Dismissal Date Voted by Board: _____ Vacation/Paid Leave Due: _____ <small>(Accrued unused vacation and short-term sick leave is paid out at termination, but not extended sick leave)</small> Leave of Absence: Beginning Date: _____ Ending Date: _____ Comments: _____
To avoid processing delays, please make sure that all applicable sections are completed before signing. Supervisor's Signature: _____ Date: _____ Print Name: _____ Title: _____ Authorized Conference Officer's Signature: _____ Date: _____ Print Name: _____ Title: _____	