



January 01, 2016

SEVENTH-DAY
ADVENTIST
CHURCH

Central California
Conference

Department of Human Resources

2820 Willow Ave
Clovis, CA 93612-4646
PO Box 770
Clovis, CA 93613-0770
Phone: 559.347.3041
Fax: .559.347.3062
<http://ccc.adventist.org>

Dear Pastor:

Welcome to the Central California Conference. Please find all of our new hire paper work in this package. There are many forms that need to be filled out prior to your hire and sent back to us as soon as possible. They are all paper clipped on the top of the package.

Also, please note that there is a memo explaining how to perform a background check. You will need to go online and do this prior to your hire date and please let me know when it is completed. If you did this background check in your prior conference within 3 years, we may be able to transfer the results to our conference. Please let me know.

Also, there will be an anti-harassment training and injury and illness prevention training that you will need to do online. This will be sent to you via email.

Every month you will need to fill out and turn in to our payroll department a monthly travel and expense report. On this report you will need to account for each day of the month. There is a code 1-6 you will put in the code column of whether you did work duties, day off, vacation, sick, Conf. meeting, other. If you have special mileage outside of your work area or work duties that are approved, then you need to report it on this report. This is all explained on the form, but if you have any questions regarding this report, please let me know.

Please make sure you familiarize yourself with our employee handbook. Of special note that I like to point out is that because we are a non-profit organization for specifically religious purposes, we do not pay into unemployment or State Disability. So if you were to leave employment, you are not eligible for unemployment or State Disability.

If you are interested in Supplemental Life or AD&D insurance you have 30 days from your hire date to get that form to me or else you will need to wait until the next open enrollment. You however, can decide to enroll at any time, but will be subject to a health evaluation.

If you have any questions regarding the forms, please call me at any time.

Blessings,

Linda Barron
Human Resources
559-347-3042 lbarron@cccsda.org



Central California Conference of Seventh-day Adventists

EMPLOYMENT APPLICATION

2820 Willow Avenue

Clovis, CA 93612

Phone: (559) 347-3000 • Fax: (559) 347-3120

<http://ccc.adventist.org>

Central California Conference considers applicants for all positions without regard to race, color, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status other than religion since the Central California Conference is a religiously-qualified Equal Opportunity Employer with the right to prefer Seventh-day Adventists in hiring.

TYPE or PRINT: Please complete all sections, even if a resume is submitted.

Position applied for: _____ Date of application: _____

Location of position: _____

PERSONAL DATA:

Name: _____
Last First Middle

Address: _____
Number & Street / P.O. Box City State Zip Code

Contact Information: _____
Telephone Number Fax Number Email

APPLICATION DATA:

Have you ever been employed by Central California Conference before? ☐ Yes ☐ No

If yes: _____
Start Date End Date Employment Assignment

Have you ever filed an employment application with Central California Conference before? ☐ Yes ☐ No

If yes: _____
Date Position Applied For

Are you currently employed? ☐ Yes ☐ No If yes: _____
By Which SDA Entity

On what date would you be available for work? _____

Should you be employed, please list any / all required accommodations needed: _____

Can you travel? ☐ Yes ☐ No

Are you on a lay-off and / or subject to recall? ☐ Yes ☐ No

Have you ever been terminated, dismissed or asked to resign? ☐ Yes ☐ No

Have you ever been disciplined for an ethics issue, inappropriate behavior, or misconduct? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense? ☐ Yes ☐ No (Do not answer if applying for a position in San Francisco)

If hired, can you provide satisfactory proof of identity and legal authority to work in the U.S. as required by the U.S. Department of Homeland Security (I-9 Form)? ☐ Yes ☐ No

LICENSE OR CREDENTIALS:

Please state current license or credential: _____
Expiration Date

Which SDA entity issued license or credential? _____

NAME: _____

Date: _____

Position Applied for: _____

(OFFICE USE ONLY)

EDUCATION:

Academic Institution	Curriculum / Major	Diploma / Degree

Honors Received	
Specialized Training, Apprenticeships, Skills, Extra-Curricular Activities, Expertise	
Licenses / Certifications	
List languages you are proficient in	

REFERENCES:

Please list four references

Name	Relationship to Reference	Telephone Number

Please list any other information you believe contributes to your qualifications for this position:

EMPLOYMENT RECORD	
-------------------	--

[illegible]

Other information relating to my employment record: _____

VERIFICATION OF APPLICATION INFORMATION

I hereby certify that all of the information on this employment application and any resume or exhibit is true, correct and complete. I have not withheld any information requested on this application. I understand that false, misleading, incomplete or omitted information on this application or my resume will result in disqualification for employment or, if I am hired, dismissal from employment. I authorize the employing organization and its agents to confirm information supplied on this application and my resume and to investigate my suitability for employment. I agree to furnish additional information if requested. I release all parties and persons from any claims, liabilities and damages that may result from requesting or furnishing information about me to the employing organization, as well as from using such information in considering my employment application. I understand that if employed I must complete an I-9 form and provide satisfactory proof of my identity and legal authority to work in the United States.

I hereby consent to my current and previous employers being contacted for the purposes of referencing, verification, and other enquiry.

I am a member in regular standing of the Seventh-day Adventist church, and abide by its teachings. If employed, I agree to conform to the policies and standards of the employing organization. I grant permission for all Seventh-day Adventist entities to provide information about my tithing practices to the Central California Conference of Seventh-day Adventists and for such information to be considered in making employment decisions. If I refuse to grant such permission, I understand that I will be disqualified from employment.

Only the Conference Executive Committee or the Conference acting through a Constituency meeting have the authority to enter into an agreement for employment for a specific time period, or to make an agreement contrary to the foregoing; any such agreement must be in writing and must be signed by two officers of the Conference and the affected employee.

Signature of Applicant

Date

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H _____				
	For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2016	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$9,000	0
6,001 - 14,000	1	9,001 - 17,000	1
14,001 - 25,000	2	17,001 - 26,000	2
25,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 75,000	5
44,001 - 55,000	6	75,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
 - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
 - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
 - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the **"USCIS Privacy Act Statement"** below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047

Expires 03/31/2016

►START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name (<i>Family Name</i>)			First Name (<i>Given Name</i>)			Middle Initial	Other Names Used (<i>if any</i>)		
Address (<i>Street Number and Name</i>)				Apt. Number	City or Town			State	Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number			E-mail Address				Telephone Number	
	<input type="text"/>	<input type="text"/>	- <input type="text"/>	- <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="text"/>					

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.
(See instructions)

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See *instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)			First Name (Given Name)	
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: _____,

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. Native American tribal document
		6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



NEW EMPLOYEE DATA COLLECTION (EEOC) FORM

Central California Conference of Seventh-day Adventists

Employee, please complete all sections

Full Name (F, MI, L) _____

Home Address: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Birthdate: _____ Birthplace: _____ Social Security #: _____ - _____ - _____

Sex: ☐ Male ☐ Female Marital Status: _____ Date of Marriage: _____

Ethnicity (For government reporting purposes only):

☐ Black ☐ Hispanic ☐ White ☐ Pacific Islander/Asian ☐ Native American

Spouse's Name: _____ Spouse's Birthdate: _____

Spouse's Social Security #: _____

Name of Children:	Date of Birth	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prior Denominational Service (Y/N)? _____ Begin Date: _____ End Date: _____

Name and Address of last denominational Employer: _____

Date of Ordination: _____ Military Service: Country _____

Employee Signature

Date



Name _____

Email _____ **Phone** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Social Security Number _____

☐ **Yes! I want to make the employer match.** I wish to make employee pre-tax contributions of **3%** to my Adventist Retirement account from my eligible salary every pay period. My employer will match this contribution.

☐ **Yes! I want to defer a specific amount** by making employee pre-tax contributions to my Adventist Retirement account from my eligible salary every pay period. My employer will match up to 3%, but I may choose to defer more: _____% (Preferred) or \$_____

☐ **Roth 403(b) Contributions.** I wish to make employee Roth 403(b) after-tax contributions to my Adventist Retirement account from my eligible salary every pay period. I may also choose this in addition to deferring pre-tax contributions. Not all employers offer the Roth 403(b) option: _____% (Preferred) or \$_____

☐ **After-Tax Contributions.** I wish to make non-deductible after-tax contributions (non-Roth 403(b)) to my Adventist Retirement account from my eligible salary every pay period. I may also choose this in addition to deferring pre-tax contributions: _____% (Preferred) or \$_____.

☐ I agree that my employer may reduce my salary by the percentage or amount which I have elected to contribute to my Adventist Retirement account. I understand that Adventist Retirement may limit my contributions in order to comply with federal law and the Plan document. I understand that if my contribution rate is less than 3%, I may not receive the maximum employer match. ☐

☐ I DO NOT WISH to participate in a salary reduction agreement with Adventist Retirement at this time. I understand that by not participating I will be ineligible for the employer matching contribution. I further understand that I may elect to participate in the Plan in the future, and it is my responsibility to contact the Human Resources Department through my employer to do so. ☐

☐ _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐ _____ ☐ ☐ ☐ ☐ _____

☐ _____

Return this form to your Payroll Office. It will be kept confidential.

www.adventistretirement.org

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: Central California Conference of Seventh-day Adventists

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☒ No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

2820 Willow Avenue, Clovis, CA 93612

Hiring Employer's Mailing Address (if different than above):

P.O. Box 770, Clovis, CA 93613

Hiring Employer's Telephone Number: (559) 347-3000

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) Yes No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: _____

WORKER'S COMPENSATIONInsurance Carrier's Name: Sedgwick CMS, Inc.Address: P.O. Box 14421, Lexington, KY 40512Telephone Number: (925) 888-1500

Policy No.: _____

☒ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: 2042**PAID SICK LEAVE**

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 - 1. requesting or using accrued sick days;
 - 2. attempting to exercise the right to use accrued paid sick days;
 - 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 - 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

- ☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- ☒ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- ☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- ☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

(PRINT NAME of Employer representative)_____
(PRINT NAME of Employee)_____
(SIGNATURE of Employer Representative)_____
(SIGNATURE of Employee)_____
(Date)_____
(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

P35 Conflict of Interest

P35 05 Conflict of Interest and/or Commitment Defined—Conflict of interest shall mean any circumstance under which an employee or volunteer by virtue of financial or other personal interest, present or potential, directly or indirectly, may be influenced or appear to be influenced by any motive or desire for personal advantage, tangible or intangible, other than the success and well-being of the denomination.

Because of the common objectives embraced by the various organizational units and institutions of the Seventh-day Adventist Church, membership held concurrently on more than one denominational committee or board does not of itself constitute a conflict of interest provided that all the other requirements of the policy are met.

A conflict of commitment shall mean any situation which interferes with an employee's ability to carry out his/her duties effectively.

Elected, appointed, or salaried employees on full-time assignment are compensated for full-time employment; therefore, outside or dual employment or other activity, whether compensated or not, that in any way interferes with the performance of an employee's duties and responsibilities is a conflict of commitment. A conflict of commitment also exists in situations where an employee functions contrary to the values and ethical conduct outlined in the organization's statement of ethical foundations and conduct (see model Statement of Ethical Foundations recommended by the 1999 Annual Council as guidelines for divisions <http://adventist.org/beliefs/other-documents/other-doc11.html>) or when an employee functions contrary to established codes of ethical conduct for employees in particular professions (e.g. legal, investments).

P 35 10 Individuals Included Under This Policy—All trustees, officers, executive committee/board members, employees, and volunteers of denominational organizations shall be subject to this policy.

P 35 15 Conditions Constituting Conflict—A trustee, officer, executive committee/board member, employee, or volunteer has a duty to be free from the influence of any conflicting interest or commitment when serving the organization or representing it in negotiations or dealing with third parties. While both on and off the job an employee is expected to protect the best interests of the employing organization. The following list though not exhaustive, describes circumstances and conditions that illustrate conflict of interest or commitment:

1. Engaging in outside business or employment that encroaches on the denominational organization's call for the full services of its employees even though there may not be any other conflict.
2. Engaging in business or employment that is in any way competitive or in conflict with any transaction, activity, policy, or objective of the organization.
3. Engaging in any business with or employment by an employer who is a supplier of goods or services to any denominational organization.
4. Making use of the fact of employment by the denominational organization to further outside business or employment, associating the denominational organization or its prestige with an outside business or employment, or using one's connection to the denomination to further personal or partisan political interests.
5. Owning or leasing any property with knowledge that the denominational organization has an active or potential interest therein.
6. Lending money to or borrowing money from any third party, excluding financial institutions, who is a supplier

of goods or services or lending to/borrowing from a trustor or anyone who is in any fiduciary relationship to the denominational organization or is otherwise regularly involved in business transactions with the denominational organization.

7. Accepting or offering any gratuity, favor, benefit, or gift of greater than nominal value or of any commission or payment of any sort in connection with work for the denominational organization other than the compensation agreed upon between the denominational organization and/or the employer and the employee.
8. Making use of or disseminating, including by electronic means, any confidential information acquired through employment by the denominational organization for personal profit or advantage, directly or indirectly.
9. Using denominational personnel, property, equipment, supplies or goodwill for other than approved activities, programs, and purposes.
10. Expending unreasonable time, during normal business hours, for personal affairs or for other organizations, to the detriment of work performance for the denomination.
11. Using one's connections within the organization to secure favors for one's family or relatives.

P35 20 Statement of Acceptance—

1. By employees—At the time of initial employment an employee shall sign a statement indicating acceptance of the conditions of employment as outlined in the organization's employee handbook. This acceptance shall constitute the employee's declaration of compliance and resolve to remain in compliance with the conflict of interest and/or commitment policy. On an annual basis the employer shall provide employees with a copy of the Statement of Ethical Foundations, plus a copy of the conflict of interest and/or commitment policy, and shall inform employees regarding the duty to disclose potential conflicts of interest and/or commitment.
2. By administrators, department directors and trustees—The chief administrator, or designee, of the organization concerned shall receive annually a statement of acceptance and compliance with the policy on conflict of interest and/or commitment from each administrator, department director, member of the board/executive committee, and any other person authorized to handle resources of the organization. (The employing organization may determine that other individuals shall also be required to submit annually a statement of acceptance and compliance.) Submission of the statement by persons identified above shall constitute a declaration of compliance with the policy and shall place the individual under obligation to disclose potential conflicts of interest and/or commitment that may arise during the ensuing year.

CENTRAL CALIFORNIA CONFERENCE - 2016

P 35 40 STATEMENT OF ACCEPTANCE

THIS DECLARATION applies, to the best of my knowledge, to all members of my immediate family (spouse, children, parents) and its provisions shall protect any organization affiliated with or subsidiary to the Central California Conference of Seventh-day Adventists or Central California Adventist Book Center. In the event facts change in the future that may create a potential conflict of interest, I agree to notify the Central California Conference of Seventh-day Adventists or Central California Adventist Book Center in writing.

1. I have read the policy on Conflict of Interest and/or Commitment.
2. I am in compliance with my employer's policy on Conflict of Interest and/or Commitment as printed above.
3. Except as disclosed below:
 - a. Neither I nor my family have a financial interest or business relationship which competes with or conflicts with the interests of Central California Conference of Seventh-day Adventists or Central California Adventist Book Center.
 - b. Neither I nor my family have a financial interest in nor am or have been an employee, officer, director, or trustee of, nor receive/have received financial benefits either directly or indirectly from any enterprise (excluding less than five percent (5%) ownership in any entity with publicly traded securities) which is or has been doing business with or is a competitor of the Central California Conference of Seventh-day Adventists or Central California Adventist Book Center.
 - c. Neither I nor my family receive/received any payments or gifts (other than of token value) from other denominational entities, suppliers, or agencies doing business with the Central California Conference of Seventh-day Adventists or Central California Adventist Book Center.
 - d. Neither I nor my family serve/have served as an officer, director, trustee, or agent of any organization affiliated with or subsidiary to the Central California Conference of Seventh-day Adventists or Central California Adventist Book Center in any decision making process involving financial or legal interests adverse to.

Disclosures:

- 1.
- 2.
- 3.

Printed Name

Signature

Title and work location

Date

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Statement of Ethical Foundations for the General Conference and Its Employees

Our Mission

The Seventh-day Adventist Church mission is to proclaim to all peoples the everlasting gospel, in the context of the three angels' messages of Revelation 14:6-12, leading them to accept Jesus as their personal Savior, and encouraging them to unite with His church and prepare for His soon return. Within the scope of this mission, the General Conference office exists to lead the Church in being a worldwide witness for God's kingdom and in making disciples of Jesus Christ.

Our Responsibilities

General Conference employees believe:

- We are responsible first to God, our Creator. Individual and collective action must reflect His character and exhibit His love.
- We are responsible to the communities in which we work and live and also to the world community. We accept the challenge to be exemplary individuals and corporate citizens. We support good works and charities. We encourage civic improvements, a better quality of life, security, health, and education for all.
- We are responsible to our fellow church members. We accept accountability for sound leadership decisions and appropriate stewardship.
- We are responsible to each other within the office complex. Every individual deserves to be treated with dignity and respect; to have his or her role and contribution valued and affirmed; to function in a safe working environment; to experience an atmosphere of challenge, open communication, and contentment.

Our Values

- We value the *Bible* as the primary reference for life's direction and qualities.
- We value *excellence* in all that we do.
- We value *ethical and moral conduct* at all times and in all relationships.
- We value *creativity and innovation* in the completion of our mission.
- We value *honesty, integrity, and courage* as the foundation of all our actions.
- We value the *trust* placed in us by colleagues and by the world church membership.
- We value *people* as children of God and therefore brothers and sisters of one family.

Ethical Responsibilities as Employer and Corporate Citizen

In pursuit of its mission, and while maintaining its responsibilities and adhering to its values, the General Conference operates under the following ethical guidelines:

- *Equal opportunity employment.* Within the purview of laws permitting church membership as a condition of employment, and subject to denominational policies on positions requiring ministerial ordination, the General Conference will follow procedures to ensure equal opportunity of employment, remuneration, and advancement on the basis of job qualifications and performance.
- *Equity, fairness and non-discrimination.* The General Conference will treat all individuals and groups with loving justice. It will not practice or condone discrimination with regard to race, national origin, gender, age, marital status, veteran status, or disability that does not prohibit performance of essential job functions.
- *Compliance with laws of the land.* The General Conference will carry on its activities in compliance with the laws of the land provided these are not in contradiction to God's expressed will.
- *Loyalty and fulfillment of contractual obligations.* The General Conference will fulfill the commitments it has entered into through authorized channels. Where misunderstandings arise regarding such commitments, the General Conference shall participate, with the parties concerned, in conflict resolution procedures within the organizations before seeking the help of the wider community.
- *Atmosphere of safety and happiness.* The General Conference is committed to providing a work environment that offers physical safety and security. It also strives to encourage and promote genuine happiness through the realization that every employee is valuable and every task, no matter how routine or unnoticed, is a service to God. The General Conference will continue to integrate worship, work, and celebration in a manner that acknowledges wholeness in life and relationships.
- *Respect for human dignity and individuality.* The General Conference affirms and respects the uniqueness of every employee. It recognizes that a person's value surpasses the worth of his or her contribution to the organization. It believes that communal harmony and corporate objectives are enhanced rather than compromised by the broad mosaic of personalities, talents, skills, and viewpoints dedicated to the honor of

[SITE MAP](#)

[DIRECTORIES](#)

[CONTACT](#)

Jesus Christ. The General Conference shall strive for communication that is timely, truthful, open, candid, and kind.

Ethical Responsibilities as Employees

We recognize that employment in the Seventh-day Adventist Church implies commitment to the organization's mission and concurrence with its responsibilities and values. We affirm that the employer-employee relationship grows within a reciprocity of mutual regard. Our reasonable service as employees includes the following ethical responsibilities:

- *Life consistent with church message and mission.* While in the employ of the General Conference we will live in a manner consistent with the beliefs and values of the church. We will uphold, in word and conduct, the teachings and principles held and advanced by the Seventh-day Adventist Church.
- *Respect for church-owned assets.* We will respect the property of our organization, including any intellectual property that is developed in the course of our employment. We will use the property, facilities, and resources solely for the benefit of our organization, unless otherwise permitted or when financial compensation for such use has been arranged.
- *Respect for colleagues.* We will respect and uplift our fellow employees. We will refrain from intentionally placing another in a position of embarrassment, disrespect, or harassment. We will avoid all behavior that may be construed as sexually inappropriate. We will honor the privacy and guard the safety of others.
- *Efficiency and attention on the job.* The hours of our employment shall be devoted to the work assignments entrusted to us. We will not use the employer's time for personal business or the advancement of personal interests unrelated to the work assigned by our supervisors. We will not deprive our employer by entering into other employment or activities which impair our performance for the General Conference while on the job. We will aspire to greater efficiency and the reduction of waste in time, effort, and resources.
- *Personal integrity in financial matters.* We will not engage in theft or embezzlement of any kind including the misuse of expense accounts, falsification of time reports, or the misapplication of resources for which we are responsible.
- *Avoiding inappropriate influence.* We acknowledge that the giving or receiving of business gifts can easily inject ulterior considerations in our work and employment relationships. Therefore the use of gifts, payments, or honoraria as incentives or rewards for a particular course of action is unacceptable. We will not offer gifts, favors, payments, or other forms of reward directly or indirectly in exchange for a specific gain or action.
- *Maintaining an ethical environment in the workplace.* We accept the obligation of maintaining ethical standards in personal life and in the workplace. We believe it is our personal responsibility to report, through established confidential channels, any behavior that is inappropriate or which undermines the ethical environment in the office complex. We are prepared to be held accountable by our supervisors and peers for professional conduct representing the moral and ethical values of the Seventh-day Adventist Church.

This document was voted by the General Conference of Seventh-day Adventists Executive Committee at the Annual Council Session in Silver Spring, Maryland, September 29, 1999. The document was prefaced by a recommendation that world divisions adapt the Statement for use in the territories under their jurisdiction.

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NORTH AMERICAN DIVISION BENEFITS

Healthcare

2015 | EMPLOYEE HEALTHCARE LEGACY ENROLLMENT APPLICATION

EMPLOYEE INSTRUCTIONS:

Complete the entire application except the employer section of this page. Return your completed application within five days to your employer. Benefits will be withheld until application is received.

Only add people you want to add to the plan

EMPLOYEE INFORMATION:									
GROUP#	DEPT#		DEPARTMENT:		HIRE DATE: (MM/DD/YYYY)		EFFECTIVE DATE: (MM/DD/YYYY)		
EMPLOYER:					EMPLOYEE'S E-MAIL ADDRESS:				
FIRST NAME:			M.I.	LAST NAME:					
SSN#	SEX:	M	F	BIRTHDATE:	MARITAL STATUS:		SINGLE	MARRIED	
ADDRESS 1:									
ADDRESS 2:					WORK PHONE:				
CITY:	STATE:		ZIP CODE:		HOME PHONE:				
PREVIOUS EMPLOYER:									
SPOUSE INFORMATION:									
FIRST NAME:			M.I.	LAST NAME:					
BIRTHDATE: (MM/DD/YYYY)	SEX:	M	F	SSN#	EMPLOYED:	YES	NO	SPOUSE EMPLOYER:	
OTHER INSURANCE:	YES	NO	DEPENDANTS COVERED?		YES	NO	SPOUSE EMPLOYER PHONE#		
NAME OF INSURANCE:			POLICY HOLDER ID #:		EFFECTIVE DATE: (MM/DD/YYYY)				
THIS OTHER INSURANCE IS:		PRIMARY	SECONDARY	E-MAIL ADDRESS:					
DEPENDANT INFORMATION:									
RELATIONSHIP	FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YYYY)	OTHER INSURANCE		DEPENDANT'S SSN#		
					YES/NO	PRIMARY / SECONDARY			
SON	DAUGHTER								
SON	DAUGHTER								
SON	DAUGHTER								
SON	DAUGHTER								
PLAN COVERAGE SELECTION									
EMPLOYEE ONLY		EMPLOYEE & CHILD (REN)		EMPLOYEE + SPOUSE		FAMILY			

EMPLOYEE AUTHORIZATION AND CERTIFICATION

I authorize all providers of health care to furnish all records pertaining to medical history, services and rendered treatment given as pertains to evaluation of enrollment application and/or claims. This authorization will become effective immediately and will remain in effect as long as necessary to enable Adventist Risk Management Inc to process the application and/or claims.

I agree to notify my employer of any changes in family status or eligibility of family members. Failure to notify my employer of any status changes will authorize my employer to ask Adventist Risk Management Inc to deny payments of future claims and ask for collection of past paid claims for ineligible spouse or dependents.

I certify that all of the above information is complete and correct.

EMPLOYEE SIGNATURE:

DATE (MM/DD/YYYY):



EMPLOYER INSTRUCTIONS TO BENEFIT PLAN ADMINISTRATORS:						
NAME		EFFECTIVE DATE (MM/DD/YYYY)	Use (P) for PRIMARY and (S) for SECONDARY			
			MEDICAL	DENTAL	VISION	RX
EMPLOYEE:						
SPOUSE:						
DEPENDANT CHILD #1:						
DEPENDANT CHILD #2:						
DEPENDANT CHILD #3:						
DEPENDANT CHILD #4:						
COMMENTS:						
EMPLOYER SIGNATURE*:			DATE (MM/DD/YYYY):			
SIGNATORY'S NAME:			COVERAGE CODE:			
SIGNATORY'S TITLE:						
*Please enter your initials to serve as your digital signature. By entering your initials and sending this form attached to an e-mail from your e-mail account, we will consider this form signed by you.						

RECEIVED ON:
HEALTHSCOPE
VERIFIED
HEALTHSCOPE RX
FOR ARM OFFICE USE ONLY

This form can be submitted electronically to: HEALTHCAREELIGIBILITY@adventistrisk.org
(You **must** save the document to your computer then attach it to the e-mail generated by the link above)

Life and Disability Income Insurance Enrollment Form

INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.

Name of Employer/Plan Sponsor North American Division of Seventh-day Adventists		Group/Plan Number 67807-4	Account Number/Location	
Class/Occupation <input type="checkbox"/>	Date of Hire (mm/dd/yyyy) <input type="checkbox"/>	Annual Salary <input type="checkbox"/>	Employment Status:	<input type="checkbox"/> Active Full-Time <input type="checkbox"/> Active Part-Time
This change is due to: (check all that apply) <input type="checkbox"/> Initial Eligibility Following Hire <input type="checkbox"/> Change in Coverage Amount				Effective Date of Coverage or Change:
<input type="checkbox"/> Late Entrant* <input type="checkbox"/> Other: _____				

*A late entrant is an individual who is first enrolling for supplemental or dependent life income coverage after the first available opportunity.

Employee Information

Employee Name (last, first, middle initial)		Date of Birth (mm/dd/yyyy)	Social Security #	Employee I.D. #
Employee Address (street address, city, state, zip code)		Work Phone Number	Home Phone Number	<input type="checkbox"/> Female <input type="checkbox"/> Male

Disability Income Coverage

Monthly Income Benefits (LTD) (Note: LTD coverage is employer provided.)	<input checked="" type="checkbox"/> Elect Coverage – (Only Full-Time Employees are eligible for coverage.)
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Employee Life Insurance (Subject to a combined basic and supplemental plan maximum of \$850,000.)

Basic Life (Note: Basic Life insurance is employer provided.)	<input type="checkbox"/> Standard Plan – Employee (\$100,000), Spouse (\$50,000), and Child(ren) (\$10,000)
	<input type="checkbox"/> Waive – I waive the Standard Plan and elect Plan A or B (Employee please see your Human Resources Representative for Plan A or Plan B enrollment form)
Supplemental Life	When you are initially eligible for Supplemental Life Insurance you can elect the Guaranteed Issue (GI) Limit of \$250,000 without Evidence of Insurability. Total Supplemental Life coverage up to \$750,000 in \$10,000 increments is available if you complete an Evidence of Insurability form subject to approval by ReliaStar Life. Minimum coverage amount is \$10,000.
Supplemental Life Election	<input type="checkbox"/> Elect: \$ _____ (\$10,000 increments) <input type="checkbox"/> Waive

Beneficiary Information Designate your beneficiary(ies) below.

Name of Beneficiary (last name, first, middle initial)	<input checked="" type="checkbox"/> Primary	Relationship to Employee	Benefit %
Address		Date of Birth	Phone Number
Name of Beneficiary (last name, first, middle initial)		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Employee
Address		Date of Birth	Phone Number
Name of Beneficiary (last name, first, middle initial)		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Employee
Address		Date of Birth	Phone Number

Dependent Spouse Life Insurance

Spouse Life	If you are covered for Supplemental Life you can elect Dependent Spouse coverage. When you are initially eligible for Dependent Spouse coverage you can elect up to the Guaranteed Issue (GI) Limit of \$30,000 without Evidence of Insurability on your spouse. Total Dependent Spouse Life coverage up to \$250,000 in \$10,000 increments is available if your spouse completes an Evidence of Insurability form subject to approval by ReliaStar Life. Spouse coverage is limited to 100% of the employee's Supplemental Life coverage amount. Minimum coverage amount is \$10,000.	
Spouse Name and Date of Birth	Spouse Name _____	Spouse Date of Birth _____
Spouse Life Election	<input type="checkbox"/> Elect: \$ _____ (\$10,000 increments) <input type="checkbox"/> Waive	

Note: The employee is the beneficiary for any Dependent Spouse insurance coverage.

Dependent Child(ren) Life Insurance

Child(ren) Life	If you are covered for Supplemental Life you can elect Dependent Child(ren) coverage. When you are initially eligible for Dependent Child(ren) Life coverage you can elect from \$1,000 to \$25,000 in \$1,000 increments on your children from birth to less than 26 years without Evidence of Insurability. Child(ren) coverage is limited to 100% of the employee's Supplemental Life coverage amount. Minimum coverage amount is \$1,000.	
Child(ren) Life Election	<input type="checkbox"/> Elect: \$ _____ (\$1,000 increments) <input type="checkbox"/> Waive	

Note: The employee is the beneficiary for any Dependent Child(ren) insurance coverage.

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- ☐ I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- ☐ To the best of my knowledge and belief, the information I have provided on this form is correct.
- ☐ I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.
- ☐ I also understand that evidence of insurability may be required for coverage to become effective.

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

<input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> _____ d (mm/dd/yyyy) <input type="checkbox"/> <input type="checkbox"/>
--	---

_____ d _____

ACKNOWLEDGMENT OF STATUS AND DUTIES AS MANDATED REPORTER

Employee Name: _____

I acknowledge that I have been informed by my employer, Central California Conference of Seventh-day Adventists ("Conference"), that in my capacity as an employee of the Conference, I am a "mandated reporter" of child abuse and neglect, within the meaning of §11165.7 of the Penal Code.

I have been informed by the Conference and I understand that as such a mandated reporter, I am required, pursuant to §11166 of the Penal Code, to make a report to the appropriate agency whenever, in my professional capacity or within the scope of my employment by the Conference, I have knowledge of or observe a child whom I know or reasonably suspect has been the victim of child abuse or neglect and that this report shall consist of: 1) an initial telephonic report to the agency immediately or as soon as is practicably possible of receiving the information concerning the incident in question; and 2) a written followup report which I shall prepare and send, fax, or electronically transmit within 36 hours of receiving the information concerning the incident in question. I understand that I may include with the report any nonprivileged documentary evidence I possess relating to the incident.

I have been informed by the Conference and I understand that pursuant to subdivision (d) of §11167 of the Penal Code my identify, if I make a report described in the preceding paragraph, shall be confidential and disclosed only among agencies receiving or investigating mandated reports, to the prosecutor in a criminal prosecution or in an action initiated under §602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of §317 of the Welfare and Institutions Code, or to the county counsel or prosecutor in a proceeding under Part 4 (commencing with §7800) of Division 12 of the Family Code or §300 of the Welfare and Institutions Code, or to a licensing agency when abuse or neglect in out-of-home care is reasonably suspected, or when I waive confidentiality, or by court order. I have also been informed by the Conference and I understand that no agency or person listed in this paragraph shall disclose my identity, based on my making a report described in the preceding paragraph, to my employer, except with my consent or by court order.

In that regard, I have received a copy of this Acknowledgement and the attached copies of §§11165.7, 11166 and 11167 of the Penal Code.

I have reviewed and have knowledge of the provisions of those sections, particularly §11166, and I will comply with those provisions.

Date: _____ Signed: _____

CALIFORNIA PENAL CODE

§11165.7.

(a) As used in this article, "mandated reporter" is defined as any of the following:

- (1) A teacher.
- (2) An instructional aide.
- (3) A teacher's aide or teacher's assistant employed by any public or private school.
- (4) A classified employee of any public school.
- (5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of any public or private school.
- (6) An administrator of a public or private day camp.
- (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- (8) An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
- (9) Any employee of a county office of education or the State Department of Education, whose duties bring the employee into contact with children on a regular basis.
- (10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.
- (11) A Head Start program teacher.
- (12) A licensing worker or licensing evaluator employed by a licensing agency as defined in Section 11165.11.
- (13) A public assistance worker.
- (14) An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- (15) A social worker, probation officer, or parole officer.
- (16) An employee of a school district police or security department.
- (17) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.
- (18) A district attorney investigator, inspector, or local child support agency caseworker unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
- (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
- (20) A firefighter, except for volunteer firefighters.
- (21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
- (22) Any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
- (23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
- (24) A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
- (25) An unlicensed marriage and family therapist intern registered under Section 4980.44 of the Business and Professions Code.
- (26) A state or county public health employee who treats a minor for venereal disease or any other condition.
- (27) A coroner.
- (28) A medical examiner, or any other person who performs autopsies.
- (29) A commercial film and photographic print processor, as specified in subdivision (e) of Section 11166. As used in this article, "commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes

- prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.
- (30) A child visitation monitor. As used in this article, "child visitation monitor" means any person who, for financial compensation, acts as monitor of a visit between a child and any other person when the monitoring of that visit has been ordered by a court of law.
 - (31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:
 - (A) "Animal control officer" means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.
 - (B) "Humane society officer" means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.
 - (32) A clergy member, as specified in subdivision (d) of Section 11166. As used in this article, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.
 - (33) Any custodian of records of a clergy member, as specified in this section and subdivision (d) of Section 11166.
 - (34) Any employee of any police department, county sheriff's department, county probation department, or county welfare department.
 - (35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 1424 of the California Rules of Court.
 - (36) A custodial officer as defined in Section 831.5.
 - (37) Any person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.
 - (38) An alcohol and drug counselor. As used in this article, an "alcohol and drug counselor" is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not in and of itself a sufficient basis for reporting child abuse or neglect.
 - (39) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.
 - (40) A clinical counselor intern registered under Section 4999.42 of the Business and Professions Code.
 - (b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.
 - (c) Employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.
 - (d) School districts that do not train their employees specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws shall report to the State Department of Education the reasons why this training is not provided.
 - (e) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.
 - (f) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

§11166

- (a) Except as provided in subdivision (d), and in Section 11166.05, a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report to the agency immediately or as soon as is practicably possible by telephone and the mandated reporter shall prepare and send, fax, or electronically transmit a written followup report thereof within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.
 - (1) For purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. "Reasonable suspicion" does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any "reasonable suspicion" is sufficient. For the purpose of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.
 - (2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.
 - (3) Any report made by a mandated reporter pursuant to this section shall be known as a mandated report.
- (b) If after reasonable efforts a mandated reporter is unable to submit an initial report by telephone, he or she shall immediately or as soon as is practicably possible, by fax or electronic transmission, make a one-time automated written report on the form prescribed by the Department of Justice, and shall also be available to respond to a telephone followup call by the agency with which he or she filed the report. A mandated reporter who files a one-time automated written report because he or she was unable to submit an initial report by telephone is not required to submit a written followup report.
 - (1) The one-time automated written report form prescribed by the Department of Justice shall be clearly identifiable so that it is not mistaken for a standard written followup report. In addition, the automated one-time report shall contain a section that allows the mandated reporter to state the reason the initial telephone call was not able to be completed. The reason for the submission of the one-time automated written report in lieu of the procedure prescribed in subdivision (a) shall be captured in the Child Welfare Services/Case Management System (CWS/CMS). The department shall work with stakeholders to modify reporting forms and the CWS/CMS as is necessary to accommodate the changes enacted by these provisions.
 - (2) This subdivision shall not become operative until the CWS/CMS is updated to capture the information prescribed in this subdivision.
 - (3) This subdivision shall become inoperative three years after this subdivision becomes operative or on January 1, 2009, whichever occurs first.
 - (4) On the inoperative date of these provisions, a report shall be submitted to the counties and the Legislature by the Department of Social Services that reflects the data collected from automated one-time reports indicating the reasons stated as to why the automated one-time report was filed in lieu of the initial telephone report.
 - (5) Nothing in this section shall supersede the requirement that a mandated reporter first attempt to make a report via telephone, or that agencies specified in Section 11165.9 accept reports from mandated reporters and other persons as required.
- (c) Any mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.

- (d) (1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.
- (2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.
- (3) (A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.
- (B) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.
- (C) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.
- (e) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a child under the age of 16 years engaged in an act of sexual conduct, shall report the instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately, or as soon as practicably possible, by telephone and shall prepare and send, fax, or electronically transmit a written report of it with a copy of the film, photograph, videotape, negative, or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:
 - (1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.
 - (2) Penetration of the vagina or rectum by any object.
 - (3) Masturbation for the purpose of sexual stimulation of the viewer.
 - (4) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.
 - (5) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer.
- (f) Any mandated reporter who knows or reasonably suspects that the home or institution in which a child resides is unsuitable for the child because of abuse or neglect of the child shall bring the condition to the attention of the agency to which, and at the same time as, he or she makes a report of the abuse or neglect pursuant to subdivision (a).
- (g) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9. For purposes of this section, "any other person" includes a mandated reporter who acts in his or her private capacity and not in his or her professional capacity or within the scope of his or her employment.
- (h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.
- (i) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any

sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

- (2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.
 - (3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.
- (j) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.
- (k) A law enforcement agency shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department. A law enforcement agency shall report to the county welfare or probation department every known or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

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- (a) Reports of suspected child abuse or neglect pursuant to Section 11166 or Section 11166.05 shall include the name, business address, and telephone number of the mandated reporter; the capacity that makes the person a mandated reporter; and the information that gave rise to the reasonable suspicion of child abuse or neglect and the source or sources of that information. If a report is made, the following information, if known, shall also be included in the report: the child's name, the child's address, present location, and, if applicable, school, grade, and class; the names, addresses, and telephone numbers of the child's parents or guardians; and the name, address, telephone number, and other relevant personal information about the person or persons who might have abused or neglected the child. The mandated reporter shall make a report even if some of this information is not known or is uncertain to him or her.
- (b) Information relevant to the incident of child abuse or neglect and information relevant to a report made pursuant to Section 11166.05 may be given to an investigator from an agency that is investigating the known or suspected case of child abuse or neglect.
- (c) Information relevant to the incident of child abuse or neglect, including the investigation report and other pertinent materials, and information relevant to a report made pursuant to Section 11166.05 may be given to the licensing agency when it is investigating a known or suspected case of child abuse or neglect.
- (d) (1) The identity of all persons who report under this article shall be confidential and disclosed only among agencies receiving or investigating mandated reports, to the prosecutor in a criminal prosecution or in an action initiated under Section 602 of the Welfare and Institutions Code

arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of Section 317 of the Welfare and Institutions Code, or to the county counsel or prosecutor in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the Welfare and Institutions Code, or to a licensing agency when abuse or neglect in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order.

- (2) No agency or person listed in this subdivision shall disclose the identity of any person who reports under this article to that person's employer, except with the employee's consent or by court order.
- (e) Notwithstanding the confidentiality requirements of this section, a representative of a child protective services agency performing an investigation that results from a report of suspected child abuse or neglect made pursuant to Section 11166 or Section 11166.05, at the time of the initial contact with the individual who is subject to the investigation, shall advise the individual of the complaints or allegations against him or her, in a manner that is consistent with laws protecting the identity of the reporter under this article.
- (f) Persons who may report pursuant to subdivision (g) of Section 11166 are not required to include their names.

Memo

To: Employees
From: Linda Barron, Human Resources
Date: January 01, 2016
Subject: Shield the Vulnerable Background Check and Training

All Conference and Locally-funded Church employees must complete a background check and training course on recognizing and reporting child abuse before commencing employment.

The website for completing this requirement is: shieldthevulnerable.org

Click on Adult to register, choose Seventh-day Adventist from the drop down menu, choose Pacific, Central California Conference, from the next drop down menu. Proceed to registration, background check, and then you may begin the course. The course will take about 90 minutes to complete. After completing the course print out the certificate of completion and give it to your supervisor or director as proof that you have completed the course.

The cost is \$30.00 and will be billed to your department or place of employment (local church or school). The background check is good for three years and is transferable to your church and school.

If you have any question or need assistance please call Angelica Nichols at 559-347-3049.

Thank You



IMPORTANT NOTICE

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

When key parts of the health care law take effect in 2014, most Americans will be required to have health insurance coverage or they will be subject to a tax penalty for failure to do so. There will also be a new way to buy health insurance in 2014: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and the health coverage offered by your employer.

NOTE: The Health Care Assistance Plan ("HCAP") offered by your employer to many employees meets the affordability and minimum value standards set by the federal government. Thus, if you are eligible for the HCAP, you will not be eligible for federal tax credits at the Marketplace to help you purchase health insurance for yourself or your spouse and children who are eligible for the HCAP ("Eligible Dependents"). Thus, you will not save by purchasing coverage for you or your Eligible Dependents at the Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help individuals find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Some persons buying health insurance at the Marketplace will be eligible for a new kind of tax credit that lowers their monthly premium right away, **but if you are eligible for the HCAP, you and your Eligible Dependents will not be eligible for this tax credit.** For current year enrollment, you must enroll by December 15, 2015, for your coverage to begin on January 1, 2016.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

If you are eligible for the HCAP, you will not save money by purchasing insurance in the Marketplace. However, if you are not eligible for the HCAP, you may qualify to save money and lower your monthly premium when you purchase insurance through the Marketplace. The savings on your premium that you're eligible for depends on your household income. Please also note that individuals who are eligible for Medicaid or Medicare are not eligible for lower monthly premiums on any insurance purchased through the Marketplace.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you are eligible for the HCAP, you will not be eligible for a tax credit through the Marketplace and you and your Eligible Dependents should enroll or remain enrolled in the HCAP. If you are not eligible for the HCAP or for coverage from another employer that meets the government's affordability and minimum value standards, you might be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing provisions (like deductibles) of the insurance you purchase. If the cost of a plan from an employer that would cover an employee (and not any other members of the employee's family) is more than 9.5% of the employee's household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the Affordable Care Act, the individual may be eligible for a tax credit.¹ **However, you are not eligible for this tax credit to purchase health insurance for yourself or your Eligible Dependents in the Marketplace if you are eligible for the HCAP, since HCAP coverage provides minimum value and is affordable under the federal rules.**

Note: If you are eligible for the HCAP, and you purchase a health plan through the Marketplace instead of the HCAP coverage offered by your employer, then you will lose the employer contribution made by your employer to the HCAP. Also, this employer contribution-as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check the HCAP plan document available at www.adventistrisk.org or contact Customer Service at 1-888-276-4732 or healthcare@adventistrisk.org

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Central California Conference of Seventh-Day Adventists		4. Employer Identification Number (EIN) 941279782	
5. Employer address 2820 Willow Avenue		6. Employer phone number 559-347-3000	
7. City Clovis	8. State CA	9. ZIP code 93612	
10. Who can we contact about employee health coverage at this job? Linda Barron, Human Resources Associate Director			
11. Phone number (if different from above) 559-347-3042		12. Email address lbarron@cccsda.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees.

☒ Some employees. Eligible employees are:

Employees classified as full-time or part-time, regular employees who are regularly scheduled to work 30 or more hours a week.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

- The following opposite-sex spouse of an eligible employee is eligible beginning January 1, 2016:

Spouses who are (1) unemployed; (2) not eligible for insurance through their employer.

- The following children of an eligible employee are eligible beginning January 1, 2016:

Children who are (1) the biological and adopted children of the employee and/or the employee's spouse (including children placed for adoption); (2) children for whom the employee and/or employee's spouse are appointed by court order as legal guardian; and (3) an employee's stepchildren. All such children are eligible until they reach age 26. Children age 26 or older are only eligible if they are totally and permanently disabled as defined by the plan.

☐ We do not offer dependent coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Above is the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

To: Conference Employees

From: Keith Scott, Undertreasurer

Re: Direct Deposit of Payroll Checks

Employees regularly paid from the Conference office may elect to have the payroll check deposit electronically to their bank account. The funds will be deposited directly to the bank account in the early hours of each pay day, thus eliminating delays in receiving the check due to slow mail delivery or lost mail. Long ban lines will be a thing of the past, and when you are vacationing, your salary will automatically be deposited in a timely manner.

If you wish to participate in the direct deposit plan, please complete the enclosed form and return it to the accounting department. This must be done before the payroll check can be deposited directly to the bank. One form for each employee is required.

If you have any questions, please do not hesitate to contact either me or the payroll clerk.

TRY IT, YOU'LL LIKE IT!!

forms/direct deposit letter

**AUTHORIZATION
FOR ELECTRONIC DIRECT DEPOSIT (CREDITS)**

I authorize Central California Conference of Seventh-day Adventists (CCC) to credit **one** of the following accounts.

- ☐ Checking Account
- ☐ Savings Account

The account number to be credited is indicated on the attached voided check.

This authorization will remain in effect until CCC receives a written notice from me to terminate the electronic direct deposit. CCC may terminate this electronic deposit arrangement by sending to me a written notice ten (10) days before termination.

PLEASE ATTACH A VOIDED CHECK

☐ I decline to enroll in direct deposit.

Signed _____ Date _____

**APPLICATION
FOR
EXCESS AUTOMOBILE INSURANCE ALLOWANCE**

To be eligible to receive the Excess Automobile Insurance Allowance, the following minimum coverages must be in effect:

<u>Coverages</u>		<u>Car #1</u>	<u>Car #2</u>
		(Please check)	
Personal Liability	\$250,000/\$500,000		
Property Damage	\$50,000		
Medical	\$5,000		
Uninsured Motorist	\$15,000/\$30,000		

<u>Drivers listed on insurance policy</u>	<u>M/F</u>	<u>Age</u>	<u>Date of Birth</u>
_____ Employee	NA	NA	NA
_____ Spouse	NA	NA	NA
_____ Dependent Child	____	____	____
_____ Dependent Child	____	____	____
_____ Dependent Child	____	____	____
_____ Dependent Child	____	____	____

I hereby apply for the Excess Automobile Insurance Allowance, as I have obtained the required minimum coverages as indicated on the **attached copy of my insurance policy declaration**.

Print Name

Signature

Date

**TUITION ASSISTANCE APPLICATION
CENTRAL CALIFORNIA CONFERENCE OF SDA**

Name of Employee _____ Date of Application _____

According to the General Conference Tuition Assistance Policy, employees, if eligible, may apply for Tuition Assistance for their unmarried, dependent children under the age of 24. The policy limits this allowance to only one employee in each family unit.

****Important**** - *Please see reverse side for policy and certification of eligibility for College students.*

I hereby apply for Tuition Assistance for the following dependent children for the current school year, and authorize my employer to pay the appropriate Tuition Assistance to the school/schools listed below

Name of Student	Name of Denominational School Attending	Date of Birth	Grade	(Check 1) Dorm	Day

My spouse is denominationally employed: Yes No

If spouse denominationally employed, list employer: _____

Date _____ Employee's Signature _____

PLEASE COMPLETE THIS FORM AND RETURN TO
HUMAN RESOURCES
CENTRAL CALIFORNIA CONFERENCE
PO BOX 770
CLOVIS CA 93613
FAX 559-347-3062

For College Students only:

I certify that my child, _____ is _____ years of age and that I provide more than 50% of his/her support and claim him/her on my taxes and is eligible for tuition assistance according to the Policy written below.

Employee Signature

Date

NAD Working Policy Y 24 05

5. *Students Eligible for Tuition Assistance* - To be eligible for tuition assistance the student must be:
 - a. An unmarried dependent of the employee.
 - b. Less than twenty-four years of age unless the student has given compulsory military service, volunteer service for the Church, or has a documented medical consideration.
 - c. Eligible to be claimed as a dependent on the employee's income tax return.
 - d. Born to, or legally adopted by, the employee and/or spouse or is a stepchild by marriage receiving more than 50 percent of support from the new family unit.
6. *Students Eligible in Divorce and Remarriage Situations* - To be eligible for tuition assistance the student must be:
 - a. Under the custody of a divorced employee and eligible to be claimed as a dependent on the employee's tax return.
 - b. Under the custody of the ex-spouse of the employee and eligible to be claimed as a dependent on the employee's tax return.
7. *Students Not Eligible for Tuition Assistance* - An unmarried child not under the custody of the employee and not eligible to be claimed as a dependent on the employee's tax return is not eligible for assistance.