



Northern California Conference of Seventh-day Adventists
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**NEW HIRE or REHIRE
 Personnel Action
 Request Form**

OFFICE USE ONLY	
EIN: _____	PIN: _____
Qualifies for: <input type="checkbox"/> Medical <input type="checkbox"/> Retirement <input type="checkbox"/> Basic Life <input type="checkbox"/> LTD <input type="checkbox"/> Supp. Life/AD&D	
% Time: _____ W/C Rate Code: _____ P/T entered by: _____	
TB: _____	Livescan: _____ Clearance Sent: _____
Multi-Position: _____	

1. Employee Name (First Name, Middle Initial, Last Name) _____
 (as stated on the Social Security Card)

2. Social Security Number _____

3. New Employee OR Rehire Employee

4. Regular - Please refer to the "Wage Scale and Employee Cost Estimation" booklet for costs associated with benefit eligibilities.
 Full-time (38 or more hours per week, eligible for all benefits)
 Half-time Plus (30-37 hours per week, eligible for half-time and medical benefits)
 Half-time Plus (19-27 hours per week, eligible for half-time benefits)
 Half-time Minus (up to 18 hours per week, may be eligible for sick leave benefits)

OR

Temporary - Less than 12 months, ending date is required, may be eligible for California Sick Leave benefit.

Student: Clerical Student: Non-Clerical Seasonal Substitute Occasional Special Assignment

5. Employment Start Date _____ Temporary Employment Ending Date _____

6. Job Description Title _____ Place of work _____

7. Date voted by local church/school board _____

8. Hours this employee has been scheduled to work per week _____

9. Hourly \$ _____ OR Monthly \$ _____ Indicate: ERI Area _____ Job Code _____ Step _____

10. Additional Comments (optional) _____

11. Is this employee a replacement? Yes No (If no, please skip to Item 12)

If yes, please state name of previous employee _____

Have you submitted a Personnel Action Request Form for this previous employee?

Yes No (If no, please submit a Change Personnel Action Request Form showing termination status)

Before signing, please make sure that all information on this form is completed to avoid processing delays.

12. Authorized Local Employer's Signature _____ Date _____

13. Print Your Name _____ Your Title _____

14. Name of Church/School You Represent _____

Submit this **NEW HIRE or REHIRE Personnel Action Request Form** with the New Employee Packet to: NCC of SDAs, Attention HR Department