

Northern California Conference of Seventh-day Adventists P.O. Box 619015, Roseville, CA 95661• www.nccsda.com/humanresources Phone (916) 886-5663• FAX (888) 609-3904• hr@nccsda.com

NEW CHURCH EMPLOYEE CHECKLIST

For all Church Employees except Conference Pastors and Student Employees

Employee Name:	Date:
Place of Employment:	
	or step and submit the forms and proof of completion to the "Who" in each section below to see which forms or steps are
	employment clearance received before the employee begins by be expedited by e-mailing or faxing completed forms to com or (888) 609-3904.
Keep a copy of all forms for your records until you Resources.	receive an Employment Clearance Form from Human
PERSONNEL ACTION REQUEST Who: To be completed by administrator or Procedure: Completed and signed by adr	other authorized employee for all new employees. ministrator (e.g. pastor, treasurer, elder).
that the employee's name on the W-4 form can only be issued using the name printed refer the employee immediately to the ne	ial Security Card is required for payroll processing. Please note in must match the name on the card and that payroll checks if on the card. In the event of a lost card or name change, arest Social Security office for a replacement card. A copy of is acceptable in place of a copy of the card. Once the vide a copy for our records.
Procedure: Employee completes and sign. Section 2 is completed and signed by the ID documentation (not a fax or copy) cho list A, or one item EACH from lists B and C).	d dates mentation provided by employees, then signs and dates s and dates Section 1 and presents his/her ID for verification. school employee on-site who witnesses the new employee's sen from the lists on the back of the I-9 form (One item from . If the employee is not a U.S. citizen or permanent resident, loyee's visa and work authorization so we can verify and help
NEW EMPLOYEE DATA COLLECTION FORM Who: All employees. Procedure: Completed and signed by em	ployee.



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W-4 FORM Who: All employees. Procedure for W-4: Verify that items 1, 2, 3 and 4 are complete and that either items 5 and 6 or 7 are completed, NOT BOTH. Also verify that the employee has signed and dated the form.
DE-4 FORM Who: All employees Procedure for DE-4: Verify that personnel information is completed along with signature and date. If exempt, follow the steps for appropriate notation.
SERVICE RECORD FORM Who: ONLY employees who are age 20 or older and who regularly work half-time or more at one or more NCC location when the position is expected to last 12 months or more. Procedure: Completed by employee (Note: the employee need only list the last denominational employment under the Employment section.)
DIRECT DEPOSIT AUTHORIZATION FORM Who: All employees who desire direct deposit for their payroll. Procedure: Employee completes and signs the form and attaches a voided check.
APPLICATION FOR EMPLOYMENT Who: All employees. Procedure: Completed and signed by applicant during selection process.

If you have any questions or need additional assistance in completing any of the above forms or steps, please contact the Human Resources Department by phone at (916) 886-5698 or e-mail to hr@nccsda.com.