



Northern California Conference of Seventh-day Adventists
 PO Box 23165, Pleasant Hill, CA 94523 • www.nccsda.com/humanresources
 Phone (925) 603-5045 • FAX (888) 609-3904 • hr@nccsda.com

**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 Employment Status - Please refer to the "Wage Scale and Employee Cost Estimation" booklet for costs associated with benefit eligibilities.
- Full-time Regular (38 or more hours per week, eligible for all benefits)
 - Half-time Plus Regular (30-37 hours per week, eligible for half-time and medical benefits)
 - Half-time Plus Regular (19-27 hours per week, eligible for half-time benefits)
 - Half-time Minus Regular (up to 18 hours per week, eligible for California Sick Leave Law benefit)

Temporary Employment Status - Less than 12 months, ending date is required, may be eligible for California Sick Leave Law and/or Affordable Care Act (ACA) benefits.

- Full-time Temporary (38 hours per week, Affordable Care Act and California Sick Leave Law benefits)
- Half-time Plus Temporary (30-37 hours per week, Affordable Care Act and California Sick Leave Law benefits)
- Half-time Plus Temporary (19-27 hours per week, California Sick Leave Law benefit)
- Half-time Minus Temporary (up to 18 hours per week, may be eligible for California Sick Leave Law 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 complete to avoid processing delays.
 Your authorized local employer's signature commits the represented entity to a binding agreement.**

12. Authorized Local Employer's Signature _____ Date _____

13. Print Local Employer's Name _____ Employer's Title _____

14. Name of Church/School Represented _____

Submit this **NEW HIRE or REHIRE Personnel Action Request Form** to HR@nccsda.com