



NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS
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**STUDENT
Personnel Action Request Form**

Student Employee Name <small>(First Name, Middle Initial, Last Name as stated on the Social Security Card)</small>	Social Security Number	Anticipated Graduation Year	Job Title	Hourly Pay Rate
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____
7. _____	_____	_____	_____	\$ _____
8. _____	_____	_____	_____	\$ _____
9. _____	_____	_____	_____	\$ _____
10. _____	_____	_____	_____	\$ _____
11. _____	_____	_____	_____	\$ _____
12. _____	_____	_____	_____	\$ _____
13. _____	_____	_____	_____	\$ _____
14. _____	_____	_____	_____	\$ _____
15. _____	_____	_____	_____	\$ _____

OFFICE USE ONLY

P/T entered by: _____

Approved by: _____

EIN: _____	PIN: _____	W/C Rate Code: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Employment Start Date _____ Temporary Employment Ending Date _____
2. Date voted by local church/school board _____
3. Additional Comments (optional) _____

Submit this **STUDENT Personnel Action Request Form** to:
 NCC of SDAs, Attention HR Department

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

4. Authorized Local Employer's Signature _____ Date _____
5. Print Your Name _____ Your Title _____
6. Name of Church/School You Represent _____