

## NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS

OFFICE USE ONLY

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## SUBSTITUTE Personnel Action Request Form

		· ·	ntered by:	
			Approved by:	
	Substitute Employee Name (First Name, Middle Initial, Last Name as stated on the Social Security Card)	Social Security Number	EIN:	PIN:
1				
2				
3				
4				
5				
20				
1. <b>S</b> e	chool Year (i.e. 2013-14)			
2. <b>D</b>	ate voted by local church/school bo	ard	-	
3. A	dditional Comments (optional)			
	Before signing, please make sure	that all information on this for	m is completed to avoid pr	ocessing delays.
4. <b>A</b>	uthorized Local Employer's Signatuı	re	Date _	
5. Pı	rint Your Name		Your Title	
6. N	ame of Church/School You Represent _			