



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

**CHANGE
 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-Positions: _____	

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

Please check the following change(s) that apply. State the change(s) in the designated section.
 No change is valid unless this form has been signed by an Authorized Local Employer's Signature.

3. **Change of**
- Address (Proceed to number 5)
 - Job Title/Status (Proceed to number 7)
 - Pay Rate Change (Proceed to number 6)
 - Other (Proceed to number 8)
 - Furlough or Leave of Absence (Proceed to number 9)

4. **Separation of Employment** Please contact HR before any dismissal or layoff. (Proceed to number 10)

<p>5. New Address</p> <p>Street _____</p> <p>_____</p> <p>Apt/Unit # _____ PO Box Number _____</p> <p>PO Box Number _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p>Home # _____</p> <p>Cell # _____</p> <p>6. New Pay Rate</p> <p>\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly</p> <p>ERI _____ Job Code _____ Step _____</p> <p>Job Title _____</p> <p>Type: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary</p> <p>Average hours per week _____</p>	<p>7. New Job Title</p> <p>Type: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary</p> <p>Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly</p> <p>ERI _____ Job Code _____ Step _____</p> <p>Job Title _____</p> <p>Average hours per week _____</p> <p><i>Multi-position employee, list other positions and hours per week</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>8. Other _____</p> <p>_____</p> <p>_____</p>	<p>9. <input type="checkbox"/> Furlough <input type="checkbox"/> Leave of Absence</p> <p>Beginning Date _____</p> <p>Ending Date _____</p> <p>10. Reason of Separation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> End of Assignment <input type="checkbox"/> Dismissal <input type="checkbox"/> Layoff <p>(For dismissal and layoff, please give date voted by Board.)</p> <p>Position: _____</p> <p>Vacation/Paid Leave Due</p> <p>_____</p> <p>(Unused sick leave is not paid out at termination)</p>
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11. **Effective Date For This Change** _____
12. **Date Voted by Church/School Board** (only if applicable) _____
- Comments (optional) _____

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

13. **Authorized Local Employer's Signature** _____ Date _____
14. Print Your Name _____ Your Title _____
15. Name of Church/School You Represent _____