



Northern California Conference of Seventh-day Adventists  
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**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 OR  New Position

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)

OR

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](mailto:HR@nccsda.com)