



Northern California Conference of Seventh-day Adventists
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**STUDENT
 Personnel Action
 Request Form**

OFFICE USE ONLY
 Received: _____ Processed: _____
 Processed By: _____

Student Employee Name <i>(First Name, Middle Initial, Last Name)</i>	Job Title <i>(Clerical or Non-Clerical)</i>	Hourly	Employee ID - PIN	Work Permit
1. _____	_____	\$ _____	_____	_____
2. _____	_____	\$ _____	_____	_____
3. _____	_____	\$ _____	_____	_____
4. _____	_____	\$ _____	_____	_____
5. _____	_____	\$ _____	_____	_____
6. _____	_____	\$ _____	_____	_____
7. _____	_____	\$ _____	_____	_____
8. _____	_____	\$ _____	_____	_____
9. _____	_____	\$ _____	_____	_____
10. _____	_____	\$ _____	_____	_____
11. _____	_____	\$ _____	_____	_____
12. _____	_____	\$ _____	_____	_____
13. _____	_____	\$ _____	_____	_____
14. _____	_____	\$ _____	_____	_____
15. _____	_____	\$ _____	_____	_____
16. _____	_____	\$ _____	_____	_____
17. _____	_____	\$ _____	_____	_____
18. _____	_____	\$ _____	_____	_____
19. _____	_____	\$ _____	_____	_____
20. _____	_____	\$ _____	_____	_____

1. **School Year** (i.e. 2019-2020) _____

2. **Date voted by school board** _____

3. **Additional Comments (optional)** _____

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 School You Represent _____

Submit this **STUDENT Personnel Action Request Form** to hr@nccsda.com