



Northern California Conference of Seventh-day Adventists  
 PO Box 23165, Pleasant Hill, CA 94523 • www.nccsda.com/humanresources  
 Phone (925) 603-5045 • 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)

5. New Address

Street \_\_\_\_\_  
 \_\_\_\_\_

Apt/Unit # \_\_\_\_\_ PO Box Number \_\_\_\_\_

PO Box Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

7. New Job Title \_\_\_\_\_  
 \_\_\_\_\_

Type:  Regular  Temporary  
 Status:  Full-time  Part-time  
 \$ \_\_\_\_\_  Hourly  Monthly  
 ERI \_\_\_\_\_ Job Code \_\_\_\_\_ Step \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Average hours per week \_\_\_\_\_

- Resignation  
 Retirement  
 End of Assignment  
 Dismissal  
 Layoff  
 (For dismissal and layoff, please give date voted by Board.)

6. New Pay Rate

\$ \_\_\_\_\_  Hourly  Monthly  
 ERI \_\_\_\_\_ Job Code \_\_\_\_\_ Step \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Type:  Regular  Temporary  
 Average hours per week \_\_\_\_\_

Position: \_\_\_\_\_

Vacation/Paid Leave Due \_\_\_\_\_  
 \_\_\_\_\_  
 (Unused sick leave is not paid out at termination)

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 \_\_\_\_\_

Submit this CHANGE Personnel Action Request Form: NCC of SDAs, Attention HR Department