

PERSONNEL ACTION REQUEST



10475 Double R Blvd.
 Reno, NV 89521
 775.322.6929, voice
 775.322.9371, fax
info@NUCadventist.com
www.NUCadventist.com

NOTE: Steps to Hiring an Employee
 Submit New Hire Request Documentation (1-5 of Employment Procedures) → Submit New Hire Packet → Communicate!

EMPLOYEE INFO	Employee Name (F,MI, L) _____ Credential Type: _____ <input type="checkbox"/> New Position (include job description) _____ <input type="checkbox"/> Replacement For: _____
<input type="checkbox"/> NEW <input type="checkbox"/> REHIRE <input type="checkbox"/> NEW ENROLLMENT	<input type="checkbox"/> Full-Time <input type="checkbox"/> Regular (7 Mos. Or more) <input type="checkbox"/> Occasional (on-call) <input type="checkbox"/> Salary/yr\$ _____ <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (6 Mos. Or less) <input type="checkbox"/> Seasonal (Summer Emp) <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Hours scheduled to work ____/week <input type="checkbox"/> Travel Allowance \$ _____ Parsonage: <input type="checkbox"/> Yes <input type="checkbox"/> No Funding Source: <input type="checkbox"/> Local Entity _____ <input type="checkbox"/> Conference-Funded (Dept.) _____ Job Title: _____ Primary place of work: _____ Starting Date: _____ If Temporary or Seasonal, End Date: _____ Date Voted by Local Board: _____ Previous Denominational Employer: _____ Has this person worked for NUC before: If yes, Please specify location: _____ If yes, Location & Date: _____ Does this person currently work for another SDA entity within NUC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please specify location: _____ *An employee is eligible for healthcare when he/she averages 30 or more <i>combined</i> hours during the employee's Measurement Period of the Affordable Care Act. Does this person currently volunteer for a similar position at another SDA entity within NUC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please specify location: _____ Does this employee receive any other tangible benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please specify: _____
CHANGE OF: <input type="checkbox"/> ADDRESS <input type="checkbox"/> PAY RATE <input type="checkbox"/> JOB TITLE <input type="checkbox"/> WORK LOCATION <input type="checkbox"/> OTHER	New Address: _____ New Pay Rate: \$ _____ <input type="checkbox"/> Salary/yr <input type="checkbox"/> Hourly Effective Date: _____ New Job Title: _____ Effective Date: _____ Change of Status: <input type="checkbox"/> FT <input type="checkbox"/> PT Avg Hrs per week: _____ Effective Date: _____ Work Location To: _____ From: _____ Effective Date: _____ Other: _____ <p style="text-align: center;"><i>Note: Report Change of name (marriage, etc.) by submitting new W-4 form.</i></p>
<input type="checkbox"/> TERMINATION <input type="checkbox"/> LEAVE OF ABSENCE	<input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> End of Assignment Effective Date: _____ <input type="checkbox"/> Retirement <input type="checkbox"/> Dismissal Date Voted by Board: _____ Leave Accruals Due: _____ <p style="text-align: center;"><i>(Accrued unused Paid Leave is paid out at termination)</i></p> Comments: _____
Supervisor's Signature: _____ Date: _____	
Authorized Conference Officer's Signature: _____ Date: _____	

NUC Exec Committee Approval Date _____

Background Eligibility Date _____