

EMPLOYEE ACTION FORM

Formerly called Add/Change Form

Must check one: CONFERENCE LOCALLY FUNDED



Employee's Full LEGAL Name: _____
Last Name First Name Middle Name

Work Location Name: (Church/School/Office) _____

Contact Person: (Supervisor/Pastor/Principal/Director) _____

Supervisor Email: _____ Supervisor Phone: _____
Area Code & Number

Select the action that applies and fill out section completely

<p>1. <input type="checkbox"/> HIRE</p>	<p>TYPE OF HIRE, select one: <input type="checkbox"/> NEW <input type="checkbox"/> REHIRE (within 12 months of last day worked: ___/___/___)</p> <p>WORK STATUS, select one: <input type="checkbox"/> Full-Time Regular <input type="checkbox"/> Part-Time Regular <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Student <input type="checkbox"/> Interim <input type="checkbox"/> Temporary (Less than 6 months and must indicate date for the end of the term of employment)</p> <p>JOB TITLE: _____ Date voted by Board/Committee _____</p> <p>START DATE: _____ End Date (if temporary only) _____</p> <p>NUMBER OF HOURS PER WEEK: _____</p> <p>PAY RATE: <input type="checkbox"/> Hourly @ \$ _____ per hour <input type="checkbox"/> Salary @ \$ _____ per check (with prior approval of SCC HR & meet minimum amount)</p>		
<p>2. <input type="checkbox"/> CHANGE</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>FILL IN ALL <u>CURRENT</u> INFORMATION <i>Do NOT leave blank!</i></p> <p>Current Pay \$ _____</p> <p>Current Position: _____</p> <p>Current Hours worked per week: _____</p> <p>If applicable: <input type="checkbox"/> KEEP previous position and ADD these changes <input type="checkbox"/> MOVE from previous position to NEW position</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>FILL IN REQUESTED <u>CHANGES</u> If no change, write "no change." Do not leave blank.</p> <p>Change to: \$ _____</p> <p>Change to: _____</p> <p>Change to: _____</p> <p>EFFECTIVE DATE: _____</p> </td> </tr> </table>	<p>FILL IN ALL <u>CURRENT</u> INFORMATION <i>Do NOT leave blank!</i></p> <p>Current Pay \$ _____</p> <p>Current Position: _____</p> <p>Current Hours worked per week: _____</p> <p>If applicable: <input type="checkbox"/> KEEP previous position and ADD these changes <input type="checkbox"/> MOVE from previous position to NEW position</p>	<p>FILL IN REQUESTED <u>CHANGES</u> If no change, write "no change." Do not leave blank.</p> <p>Change to: \$ _____</p> <p>Change to: _____</p> <p>Change to: _____</p> <p>EFFECTIVE DATE: _____</p>
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<p>3. <input type="checkbox"/> SEPARATION</p>	<p>TYPE OF SEPARATION, select one: <input type="checkbox"/> Resignation (attach resignation letter) <input type="checkbox"/> Dismissal (attach termination letter from board/supervisor - MUST have prior HR authorization) <input type="checkbox"/> End of Temporary Position <input type="checkbox"/> Transfer out of Conference <input type="checkbox"/> Retirement <input type="checkbox"/> Reduction in force (attach prior HR Authorization; do NOT terminate without HR approval)</p> <p>Position held: _____ Last day worked: _____</p> <p>Forwarding address for final paycheck: _____ _____</p>		

APPROVAL:

Date: _____ Authorized [Supervisor] Signature: _____ Title: _____

FOR SCC OFFICE USE:

Date: _____ Conference Treasurer/Superintendent Signature: _____ HR initials: _____



SOUTHERN CALIFORNIA CONFERENCE
OF SEVENTH-DAY ADVENTISTS

Declaration of SDA Membership
Adherence to SDA Values
Acceptance of Southern California Conference Policies

I, _____ (name) recognize that the mission of the Southern California Conference of Seventh-day Adventists is: “to proclaim, to continue, and to finish the work that Jesus started, with special responsibility for reaching each person in the Southern California Conference.”

I further understand and accept that the philosophy of the Southern California Conference of Seventh-day Adventists is embodied in the following statement:

“God might have committed the message of the gospel, and all the work of living ministry, to the heavenly angels. He might have employed other means to accomplishing His purpose. But in his infinite love He chose to make us co-workers with Himself, with Christ and the angels that we might share the blessings, the joy, and the spiritual uplifting, which results from the unselfish ministry.” Steps to Christ, p. 79.

Therefore, I commit myself to this philosophy. I accept the responsibility of properly representing the Seventh-day Adventist Church in attitude, philosophy and conduct. As evidence of this commitment and acceptance, I submit the following information and accept and acknowledge the following:

(Check each box)

CHURCH MEMBERSHIP: I am a member in regular standing of the Seventh-day Adventist Church. My membership is at the church indicated below and I authorize the Southern California Conference of Seventh-day Adventists to contact my church to verify my membership.

ADHERENCE TO SDA VALUES: I understand that my offer of employment and my continued employment is conditional upon my adherence to the practices, standards, beliefs and precepts held by the Seventh-day Adventist Church.

ACCEPTANCE OF SCC POLICIES: In order for the Southern California Conference of Seventh-day Adventists to function efficiently and effectively, I agree to follow the official policies of the Southern California Conference of Seventh-day Adventists.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: Southern California Conference of Seventh-day Adventists

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? Yes No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:
1535 E. Chevy Chase Drive, Glendale, CA 91206

Hiring Employer's Mailing Address (if different than above):
P.O. Box 969, Glendale, CA 91209-0969

Hiring Employer's Telephone Number: (818) 546-8400

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) Yes No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: Biweekly, on Fridays

WORKER'S COMPENSATION

Insurance Carrier's Name: Sedgwick Claims Management Services

Address: 1600 Riviera Avenue, Walnut Creek, CA 94596

Telephone Number: 855-572-5966 Fax: 866-261-5795 Email: SCMSNIC@SedgwickCMS.com

Policy No.: Acct: 8818

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: 2042-ZB

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 - 1. requesting or using accrued sick days;
 - 2. attempting to exercise the right to use accrued paid sick days;
 - 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 - 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.



Southern California Conference of Seventh-day Adventists®

1535 E. CHEVY CHASE DR., GLENDALE, CA 91206
818.546.8461 • scc.adventist.org

Confidentiality Agreement

I, the undersigned employee, understand that in the course of my employment with Southern California Conference (the “Conference”), I may have access to and become acquainted with information of a confidential, proprietary, or secret nature which is or may be either applicable or related to the officers, employees, volunteers, students, parents, board members, church members, and/or related to the past, present, or future operations of the Conference.

For purposes of this agreement, such confidential information includes, but is not limited to records, data, documents, databases, mail, minutes, proposals, and plans of any kind, nature, or description concerning past, current, and prospective employees, supervisors, officers, and/or relating to the entities of the Conference. This list is not exhaustive and may include other information identified by the Conference as confidential during the course of my employment. Such confidential information is generally not available to the public or known by anyone outside of those who have privileged access due to their work or membership in committees.

I agree that I will treat all such information as confidential both during and after my employment and shall exercise every reasonable degree of care to prevent disclosure to others. I will not reproduce confidential information nor use this information commercially or for any purpose other than the performance of my duties for the Conference. I agree that I will not remove, transmit, or otherwise disclose or divulge, directly or indirectly, all confidential Information, to any party at any time without express prior written consent of an authorized Conference representative.

I will, upon the request of or termination of my relationship with, the Conference, deliver and return all confidential information and Conference property including any documents, notes, equipment, and materials received from the Conference or originating from the activities for the Conference which are in my possession or under my control, and I shall not retain any confidential information or Conference property in whole or in part.

The Conference reserves the right to take disciplinary action, up to and including termination, for violations of this agreement.

I further understand that I am an at-will employee of the Conference and that this agreement is not to be construed as constituting a promise of continued employment.

Signature of Employee

Print Name of Employee

Date

Name of Work Site