



# New Employee Packet Checklist

Employee Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Last) (First) (Middle)

Entity/Dept. hiring: \_\_\_\_\_ Anticipated start date: \_\_\_\_\_  
(“Entity” is the name of the church/school/business site) (Must be a future date. Do not work until complete!)

**DIRECTIONS:**

- ALL FORMS MUST BE COMPLETED IN THEIR ENTIRETY. Incomplete forms will delay processing.
- HIRING OF MINORS: Contact SCC Human Resources department *prior to hiring*, as special laws and restrictions will apply.
- ALL DOCUMENTS MUST BE COMPLETED *BEFORE* THE FIRST DAY OF WORK – even for substitute teachers.
- DO NOT REMOVE ANY PAGES FROM THIS PACKET.
- ALL WRITING MUST BE LEGIBLE.
- SUPERVISOR/EMPLOYEE REPRESENTATIVE WILL **INITIAL** THIS CHECKLIST TO INDICATE FORMS HAVE BEEN COMPLETED.
- ARRANGE COMPLETED FORMS IN THE ORDER OF THIS CHECKLIST THEN FAX TO: 818-546-8475.
- Full Instructions for each document can be found on the HR Webpage: <https://scc.adventist.org/departments/human-resources>

**Supervisor's  
Initials**

**Forms**

- \_\_\_\_\_ EMPL 01 - Employee Action Form (formerly called “Add/Change Form”)
- \_\_\_\_\_ EMPL 02 - Employment Application
- \_\_\_\_\_ EMPL 03 - Declaration of SDA Membership/Adherence to SDA Values  
NAD and SCC policies are that all employees MUST be a Seventh-day Adventist.
- \_\_\_\_\_ EMPL 04 – EMPLOYMENT ELIGIBILITY VERIFICATION (Homeland Security I-9 Form)  
**\*Page 1: employee. Page 2: supervisor.**  
*Errors have a federal fine of up to \$2,236 per violation! Be sure to read the I-9 instructions on the HR website before completing.*
- \_\_\_\_\_ EMPL 05 - Form W-4 Employee's Withholding Allowance Certificate
- \_\_\_\_\_ EMPL 06 - Wage Notice to Employee  
**\*Supervisor will complete form. Employee signs page 2.**
- \_\_\_\_\_ EMPL 07 – Authorization for Direct Deposit
- \_\_\_\_\_ EMPL 08 - Employee Information Sheet
- \_\_\_\_\_ EMPL 09 - Confidential Background Check Authorization //or// Fingerprinting (for Education employees)
- \_\_\_\_\_ EMPL 10 - Adventist Retirement Plan Notice
- \_\_\_\_\_ EMPL 11 - SCC Confidentiality Agreement

Please call the Human Resources Department if you have questions: 818-546-8415.

**Once packet is complete, FAX to 818-546-8475.**  
Supervisor will be given further instructions by phone or email.  
Make sure contact info is clear and complete.

# 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><b>1. <input type="checkbox"/> HIRE</b></p>	<p><b>TYPE OF HIRE, select one:</b>  <input type="checkbox"/> NEW <input type="checkbox"/> REHIRE (within 12 months of last day worked: ____/____/____)</p> <p><b>WORK STATUS, select one:</b>  <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><b>JOB TITLE:</b> _____ <b>Date voted by Board/Committee</b> _____</p> <p><b>START DATE:</b> _____ <b>End Date (if temporary only)</b> _____</p> <p><b>NUMBER OF HOURS PER WEEK:</b> _____</p> <p><b>PAY RATE:</b>  <input type="checkbox"/> Hourly @ \$ _____ per hour  <input type="checkbox"/> Salary @ \$ _____ per check (with prior approval of SCC HR &amp; meet minimum amount)</p>		
<p><b>2. <input type="checkbox"/> CHANGE</b></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <p><b>FILL IN ALL <u>CURRENT</u> INFORMATION</b>  <i>Do NOT leave blank!</i></p> <p>Current Pay \$ _____</p> <p>Current Position: _____</p> <p>Current Hours worked per week: _____</p> <p><b>If applicable:</b>  <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%; vertical-align: top; border: none;"> <p><b>FILL IN REQUESTED <u>CHANGES</u></b>                      If no change, write "no change." Do not leave blank.</p> <p>Change to: \$ _____</p> <p>Change to: _____</p> <p>Change to: _____</p> <p><b>EFFECTIVE DATE:</b> _____</p> </td> </tr> </table>	<p><b>FILL IN ALL <u>CURRENT</u> INFORMATION</b>  <i>Do NOT leave blank!</i></p> <p>Current Pay \$ _____</p> <p>Current Position: _____</p> <p>Current Hours worked per week: _____</p> <p><b>If applicable:</b>  <input type="checkbox"/> KEEP previous position and ADD these changes  <input type="checkbox"/> MOVE from previous position to NEW position</p>	<p><b>FILL IN REQUESTED <u>CHANGES</u></b>                      If no change, write "no change." Do not leave blank.</p> <p>Change to: \$ _____</p> <p>Change to: _____</p> <p>Change to: _____</p> <p><b>EFFECTIVE DATE:</b> _____</p>
<p><b>FILL IN ALL <u>CURRENT</u> INFORMATION</b>  <i>Do NOT leave blank!</i></p> <p>Current Pay \$ _____</p> <p>Current Position: _____</p> <p>Current Hours worked per week: _____</p> <p><b>If applicable:</b>  <input type="checkbox"/> KEEP previous position and ADD these changes  <input type="checkbox"/> MOVE from previous position to NEW position</p>	<p><b>FILL IN REQUESTED <u>CHANGES</u></b>                      If no change, write "no change." Do not leave blank.</p> <p>Change to: \$ _____</p> <p>Change to: _____</p> <p>Change to: _____</p> <p><b>EFFECTIVE DATE:</b> _____</p>		
<p><b>3. <input type="checkbox"/> SEPARATION</b></p>	<p><b>TYPE OF SEPARATION, select one:</b>  <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><b>Position held:</b> _____ <b>Last day worked:</b> _____</p> <p><b>Forwarding address for final paycheck:</b> _____                      _____</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  
Human Resources Department  
1535 E. Chevy Chase Drive  
Glendale, CA 91206  
(818) 546-8415; Fax (818) 546-8475

*The Southern California Conference is an equal opportunity employer which does not discriminate on the basis of race, color, sex, national origin, age or disability; and prohibits any harassment in the workplace. As a religious organization, the Conference exercises the United States Constitutional rights to prefer the hiring of Seventh-day Adventist Church members in good standing.*

**Employment Application**  
Please print clearly in Black or Blue Ink

**PERSONAL INFORMATION**

Today's Date: \_\_\_\_\_

Full LEGAL Name (Last, First, Middle): \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address (required): \_\_\_\_\_

Yes	No	Please answer by placing an "X" in the appropriate box
		Are you 18 years of age or older?
		If hired, can you provide written evidence that you are authorized to work in the U.S.?
		Have you ever worked for the Southern California Conference of SDA? If yes, please indicate when and in what capacity: _____
		Have you ever worked for the Seventh-day Adventist denomination? If yes, please indicate where, when and in what capacity: _____

**EDUCATION**

Type	Name/Location	Course of Study/Major	When Completed	Degree/Diploma
Elementary & Jr. High			Do NOT fill	
High School			Do NOT fill	
College and Graduate School				
Vocational or Other				

**FIVE YEAR HISTORY – Required.** "History" is not necessarily employment. Start with most recent status (employment/schooling/volunteering).

Company Name/Address	Kind of Work	Date Started/Left	Reason for Leaving
1.			
2.			
3.			
4.			

If checked, do NOT contact my current employer. I understand that a job offer will be contingent upon a reference from my current employer.

**U.S. MILITARY SERVICE**

Branch of Service \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

Not Applicable

From \_\_\_\_\_ to \_\_\_\_\_

Specialization/Rate \_\_\_\_\_

**REFERENCES (Do Not Include Relatives)**

Name	Occupation	Years Known	Email Address	Phone Number
1.				
2.				
3.				

**APPLICATION**

Position you are applying for \_\_\_\_\_ Hours available per week \_\_\_\_\_  
Salary Desired \_\_\_\_\_ Date Available \_\_\_\_\_

How Were You Referred To Our Organization? \_\_\_\_\_

Do You Have Any Relatives Who Are Employed By This Organization?

Yes  No

If yes, please provide the name only, not relationship: \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?

Yes  No

If yes, please provide the name only: \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, special skills, hobbies, etc.

---

---

---

---

**APPLICANT'S STATEMENT**

Read carefully

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Southern California Conference Executive Committee. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application may remain active and on file for up to six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damages in providing this information.

I understand that The Southern California Conference is an equal opportunity employer which does not discriminate on the basis of race, color, sex, national origin, age or disability; and prohibits any harassment in the workplace. As a religious organization, the Conference exercises the United States Constitutional rights to prefer the hiring of Seventh-day Adventist Church members in good standing.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*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.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name <b>So. Cal. Conf. of SDAs</b>	
Employer's Business or Organization Address (Street Number and Name) 1535 E. Chevy Chase Drive		City or Town Glendale	State CA	ZIP Code 91206

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



# 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](http://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](http://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](http://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](http://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. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
<b>▶ 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.</b>					
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. <b>Note:</b> 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 <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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.)				Date ▶	
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  
AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL**

**Employee Information**

Name \_\_\_\_\_ Social Security Number (Last 4 only) or PR ID \_\_\_\_\_

Email Address \_\_\_\_\_ Effective Date \_\_\_\_\_

**This address will be used for distribution of pay stub.**

**Primary Account** — *This is the account where your entire paycheck or the balance is deposited after the % or \$ amount is deducted from the second and third accounts as listed below.*

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Account Number _____ Name of Banking Institution _____ Bank Office/Branch _____	<b>NET PAY</b>
--	---	---	----------------

**Second Account** — *Optional — % or \$ Amount*

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Account Number _____ Name of Banking Institution _____ Bank Office/Branch _____	Select One: _____ % \$ _____
--	---	---	------------------------------------

**Third Account** — *Optional — % or \$ Amount*

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Account Number _____ Name of Banking Institution _____ Bank Office/Branch _____	Select One: _____ % \$ _____
--	---	---	------------------------------------

I authorize Southern California Conference to direct deposit funds to my account(s) in the financial institution(s) listed above. This includes my authorization to correct entries made in error through reversals of deposits. If any of the information above changes, I will complete a new authorization agreement. If I wish to revoke this authorization, I will do so in writing.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

FAX 818-546-8447 • EMAIL payroll@sccsda.org



Southern California Conference  
Employee Information Sheet

First Name	Middle Name	Last Name	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of birth	Date of Birth	Hire Date

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Cell Home  
SOCIAL SECURITY NUMBER : \_\_\_\_\_

Phone number \_\_\_\_\_ Cell Home  
Race/ethnicity Definition:  Asian  Native Hawaiian or Other Pacific Islander  
 Asian  White  Black/African American  Hispanic or Latino  
 American Indian or Alaska Native

Email address (Required): \_\_\_\_\_ Foreign Languages \_\_\_\_\_  
Licenses or credentials held: \_\_\_\_\_

Marital Status: Married Single Widowed Divorced **\*IF MARRIED, please provide following information about your spouse.**

Date of Marriage: \_\_\_\_\_ Spouse birthdate: \_\_\_\_\_ Spouse SSN \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Maiden name: \_\_\_\_\_ (if applicable)

Military Service: Country: \_\_\_\_\_ Branch: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Education**  
Post Graduate Degree \_\_\_\_\_ Year Degree Granted \_\_\_\_\_  
Degree-granting Institution \_\_\_\_\_

**Denominational Service Information**  
Have you worked for SCC before? Yes No  
If so, when and where? \_\_\_\_\_

Date hired: \_\_\_\_\_  
What position: \_\_\_\_\_  
Work location: \_\_\_\_\_

IF PASTOR - Ordination information (if applicable)  
Date ordained: \_\_\_\_\_  
Place ordained: \_\_\_\_\_

List the last place of denominational employment history if not at SCC (if applicable)

Employing Organization: \_\_\_\_\_ Division: \_\_\_\_\_ Conference: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Position/Type of work: \_\_\_\_\_

**AFFORDABLE CARE ACT (ACA) REQUIREMENT. MUST COMPLETE THIS SECTION. IF NO CHILDREN UNDER AGE 26, CHECK**

Full Name(s) of Children	Social Security Number	Date(s) of birth	Gender:
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

SCC shall maintain a service record of all employees, except temporary workers with expected terms of less than six (6) months in a given year.



**NOTICE – CONFIDENTIAL BACKGROUND INVESTIGATION**

In connection with your employment with **Southern California Conference** (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and **Protect My Ministry** 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com). The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

*Other Names Used (if applicable)* \_\_\_\_\_

NAME OF ENTITY (CHURCH/SITE/SCHOOL) \_\_\_\_\_

POSITION/JOB TITLE \_\_\_\_\_

SSN \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

DRIVER’S LICENSE \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If minor: Parent/Guardian signature* \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>	
Background check initiated by:	Investigation completed:



## ADVENTIST RETIREMENT PLAN 2019 Automatic Enrollment/Automatic Escalation Notice

The Adventist Retirement Plan ("Plan") makes saving for retirement even easier by offering an automatic enrollment feature for all newly-hired employees. As a new hire, you are automatically enrolled in the Plan starting with your first paycheck, at which time Empower Retirement, the Plan's record keeper, will create an account for you. This means that 3% will be taken from your eligible compensation each pay period and contributed to the Plan as a salary reduction contribution. You can choose to contribute more, less, or even nothing at any time by signing into your Plan account on the Empower Retirement website and electing a different contribution percentage (including a 0% contribution). Generally, your employer will make dollar-for-dollar matching contributions on amounts you contribute, up to 3% of your eligible compensation.

The Plan also has an automatic escalation feature. All Plan participants who are not making salary reduction contributions of at least 7% on July 1, 2019 will automatically have their salary reduction contribution increased by 1% at that time. Thereafter, each July 1 your salary reduction percentage will increase by an additional 1% until your contribution percentage reaches 7%. This automatic escalation feature will not change your salary reduction contribution level if you already participate at a 7% (or greater percentage) level. You can change your contribution level at any time on Empower Retirement's website. Any employer matching contributions will be based on your new contribution level.

### **1. Does the Plan's automatic enrollment feature apply to me?**

The Plan's automatic enrollment feature applies to all newly hired employees. This means 3% of your eligible compensation for each pay period will be contributed to the Plan as a salary reduction contribution, starting with your first paycheck and continuing through the end of June. Every July 1, your contribution level will increase by 1% (see question 2 below for more information on the automatic escalation feature), until your salary reduction contribution reaches 7% of your eligible compensation. To learn more about the Plan's definition of eligible compensation, you can review the Plan's summary plan description. Your salary reduction contributions to the Plan are taken out of your compensation on a pre- tax basis and are not subject to federal income tax at that time. Instead, they are contributed to your Plan account and will change over time based on any market gains or losses. Your account will be subject to federal income tax only when withdrawn. This helpful tax rule is a reason to save for retirement through Plan contributions. You are in charge of the amount that you contribute. You may decide to do nothing and contribute 3%, or you may choose to contribute an amount that better meets your needs. You must notify Empower Retirement if you want to opt out of the Plan's automatic enrollment feature and receive a refund of any salary reduction contributions made within the first 90 days of your employment (see question 6 for more information on opting out and receiving a refund). You can change your contribution level at any time on the Empower Retirement website. Be aware that there are limits on the maximum amount you may contribute to your account. You may want to contact Empower Retirement or your tax advisor to find out how these limits affect you. The limits are described in the Plan's summary plan description.

### **2. Does the Plan's automatic escalation feature apply to me?**

If you are not contributing at a 7% level on July 1, 2019, your salary reduction contributions will automatically increase by 1% at that time. Every July 1 thereafter, your contribution level will increase another 1% (unless you choose a different level or notify Empower Retirement each year that you want

to opt out of the Plan's automatic escalation feature), until your salary reduction contributions reach 7% of your eligible compensation. You can elect to make a different percentage contribution to the Plan or to not contribute on Empower Retirement's website. Each year, Empower Retirement will send a communication reminding you of the upcoming automatic escalation. If you do not want your salary reduction contributions increased for the year, you must follow the instructions from Empower Retirement on how to opt out of the automatic escalation feature.

### **3. In addition to the contributions taken out of my compensation, what amounts will my employer contribute to my Plan account?**

Your employer may make contributions to your Plan account. Your employer generally will match, on a dollar-for-dollar basis, the first 3% of eligible compensation you contribute each pay period. Your employer generally will also make an additional basic contribution of 5% of your compensation. Your employer determines which employees are eligible for matching or basic contributions. If you have questions about whether you are eligible for employer contributions, please contact your employer.

### **4. How will my Plan account be invested?**

The Plan lets you invest your account in a number of different investment funds. Unless you choose a different investment fund or funds, your Plan account will be invested in the target date default fund based on your assumed retirement age. You can change how your Plan account is invested among the Plan's offered investment funds on the Empower Retirement website.

Information about the Plan's investment funds and procedures for changing how your Plan account is invested can be found on the Empower Retirement website.

### **5. When will my Plan account be vested and available to me?**

You are always fully vested in all contributions to the Plan (both employer and employee contributions). Even though you are vested in your

entire Plan account, there are limits on when you may withdraw your funds. These limits may be important to you in deciding how much, if any, to contribute to the Plan. Generally, you may only withdraw money after you leave your job, reach age 59½, or become disabled. Also, there is generally an extra 10% tax on distributions before age 59½. Any amount remaining in your Plan account upon your death will be paid to your designated beneficiary. You also can borrow certain amounts from your Plan account and may be able to withdraw your salary reduction contributions if you have a hardship. Hardship distributions are limited to the dollar amount of your salary reduction contributions and may not be taken from earnings, matching or basic contributions. Hardship distributions must be for a specified reason – for qualifying medical expenses, costs of purchasing your principal residence (or preventing eviction from or foreclosure on your principal residence, or repairing qualifying damages to your principal residence), qualifying post-secondary education expenses, or qualifying burial or funeral expenses. Before you can take a hardship distribution, you must have taken other permitted withdrawals and loans from qualifying employer plans, unless doing so would be counter-productive. If you take a hardship distribution, you may not contribute to the Plan or other qualifying employer plans for 6 months. You can learn more about the Plan's hardship withdrawal and loan rules in the Plan's summary plan description. You can also learn more about the extra 10% early distribution tax in IRS Publication 575, Pension and Annuity Income.

## 6. Can I change the amount of my contributions?

Yes. You can always change the amount you contribute to the Plan at any time on the Empower Retirement website. If you know that you do not want to contribute to the Plan, you must notify Empower Retirement that you wish to opt out of the Plan's automatic enrollment and escalation features. You must notify Empower Retirement each year that you want to opt out of the Plan's automatic escalation feature.

If you are a new hire and do not wish to have automatic enrollment contributions taken from your compensation, you must decrease your contributions to zero on the Empower Retirement website. During the 90 days after automatic contributions are first taken from your pay, you can also withdraw the prior automatic contributions by contacting Empower Retirement. (Note: this withdrawal right is not available for the annual 1% automatic escalation amounts.) If you withdraw your automatic contributions, you lose any employer matching contributions associated with the automatic contributions. Also, your withdrawal will be subject to federal income tax (but not the extra 10% tax that normally applies to early distributions) and reported on a Form 1099-R at the end of the year. If you decrease salary reduction contributions to zero, no further contributions will be taken from your compensation until the next annual automatic escalation period occurs. You can always choose to continue or restart your contributions on the Empower Retirement website.

If you would like a copy of the Plan's summary plan description or other Plan documents, please visit the Adventist Retirement website at [www.adventistretirement.org](http://www.adventistretirement.org).

If you wish to start, stop or change your contributions to the Plan, or want information on the Plan's investment fund options, please sign into your Plan account on Empower Retirement's website: [www.empower-retirement.com](http://www.empower-retirement.com).

If you have questions about how the Plan works or your rights and obligations under the Plan, please contact Adventist Retirement:

Adventist Retirement North  
American Division  
9705 Patuxent Woods Drive  
Columbia, MD 21046

Email: [NADRetirement@nadadventist.org](mailto:NADRetirement@nadadventist.org) Telephone: 443-391-7301

---

## ACKNOWLEDGEMENT:

1. I have received a copy of this notice.
2. If I wish to make any changes to my retirement contributions, I will do so via the Empower Retirement website ([www.empower-retirement.com](http://www.empower-retirement.com)).

Employee name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# 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