

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;"> <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;"> <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.

Signature

Date

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2019 _____
 OR
2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Payroll Tax Account Number
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----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance**

certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.

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