



**ALLEGHENY EAST CONFERENCE CORPORATION OF SDA
PERSONNEL ACTION FORM (PAF)
(Return Completed Form to Human Resources)**

PERSONNEL ACTIONS (Mark all boxes that apply)

- | | | | | |
|--|---|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Change in Pay | <input type="checkbox"/> Layoff | <input type="checkbox"/> Reclassification | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Change in Title | <input type="checkbox"/> Furlough | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Other (state) | <input type="checkbox"/> Job Status Change | <input type="checkbox"/> Demotion | <input type="checkbox"/> Personal Change | <input type="checkbox"/> Resignation |
| | <input type="checkbox"/> Reduction in Force | <input type="checkbox"/> Suspension | <input type="checkbox"/> Return From Layoff | |

Comments _____

PERSONAL INFORMATION (for the person the change is applicable to)

First Name

Middle Name

Last Name

Email Address

Home Number

Mobile Number

Street Address

City

State/Zip Code

Please check this box if this is a new address

PERSONNEL CHANGES

CURRENT

Department/Location: _____
 Job Title/Assignment: _____
 Salary (per hour/month) _____
 Work Schedule (time): _____
 Workdays: _____
 Total Hours per week: _____
 Effective date: _____
 Employment Status: Fulltime Part-time
 Temporary Inactive

NEW

Department/Location: _____
 Job Title/Assignment: _____
 Salary (per hour/month) _____
 Work Schedule (time): _____
 Workdays: _____
 Total Hours per week: _____
 Effective date: _____
 Employment Status: Fulltime Part-time
 Temporary Inactive

SEPARATION OF EMPLOYMENT

- | | | |
|--|---|--|
| <input type="checkbox"/> Written Resignation | <input type="checkbox"/> Permanent Layoff | <input type="checkbox"/> Temporary Hire/Interim Assignment Ended |
| <input type="checkbox"/> Verbal Resignation | <input type="checkbox"/> Temporary Layoff | <input type="checkbox"/> Termination (attach document) |

Last day worked: _____

Eligible for rehire: YES NO

AUTHORIZING SIGNATURES

Person completing form: _____

 Print Name Signature

Church Pastor/
 Superintendent: _____

 Print Name Signature

Administrator: _____

 Print Name Signature

INTERNAL PROCESSING ONLY (Payroll/HR/Benefits)

W = Withholding; S = Self-employed; N = No Withholding

_____ FICA

_____ Federal _____ # of Exemptions

_____ State _____ # of Exemptions _____ Code

_____ Local A _____ Code

_____ Local B _____ Code

Comments (Attach completed W-4 Form)

_____022 Seminary Stipened
 _____028 Area Travel
 _____029 Area Travel -Pst (Office Only)
 _____054 Duplicated Housing Assistance
 _____064 Auto Ins Emp Share
 _____110 Tuition –Pine Forge Academy

_____112 Tuition –Jesse R. Wagner Adventist School
 _____114 PNC Emp Bk Payment
 _____117 Emp Healthcare Contribution
 _____118 Healthcare Other
 _____120 SECU –Credit Union
 _____124 AFLAC
 _____126 Hartford AD & D
 _____127 Hartford Supplement Life
 _____133 Garnishment
 _____134 IRS Payment Levy
 _____135 Tithe
 _____160 Rent –Parsonage
 _____161 Rent –Other
 _____162 AEC Mortgage
 _____163 AEC Escrow Payment

_____165 AEC Sp Housing Loan Payment
 _____166 A/R Deduction
 Amount _____
 # of Payments _____
 Reference #
 _____168 PFA Endowment

_____171 Evangelism Balance
 _____228 TSA –Aim Funds
 _____229 TSA American Express
 _____230 TSA Mutual of America
 _____231 TSA Valic
 _____233 TSA Lincoln Life
 _____234 TSA Prudential
 _____235 TSA Principal
 _____910 DE Withholding Taxes
 _____911 DC Withholding Taxes
 _____924 MD Withholding Taxes
 _____934 NJ Withholding Taxes
 _____942 PA Withholding Taxes
 _____951 VA Withholding Taxes
 _____980 Federal Withholding Tax

HUMAN RESOURCES

Date received: _____ Received by: _____

Notes: _____