



SEVENTH-DAY
ADVENTIST
CHURCH

Central California
Conference

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NEW CHURCH EMPLOYEE CHECKLIST

For all Church Employees except Conference Pastors and Student Employees
Central California Conference Of Seventh-day Adventists

Employee Name: _____

Date: _____

Place of Employment: _____

Please follow the directions stated for each form or step and submit the forms and/proof of completion to the Conference Human Resources Department. Please check the "Who" in each section below to see which forms or steps are required for a particular employee. The employee's official personnel file is maintained at the Conference office, it is not generally necessary to keep a copy of an employee's paperwork at the worksite. **All required documents must be completed before the employee begins to work.** Processing of a new employee paperwork may be expedited by faxing completed forms to the Human Resources Department at 559-347-3062.

☐ **PERSONNEL ACTION REQUEST**

Who: To be completed by administrator or other authorized employee for all new employees.

Procedure: Completed and signed by administrator (i.e. pastor, treasurer, business manager) after approval by local board. Include the name of employee, status, pay rate, percentage of full time, starting date and local CCC entity name. This form is also used to report changes in status, such as pay increases or terminations.

☐ **APPLICATION FOR EMPLOYMENT**

Who: All employees

Procedure: Completed and signed by applicant during selection process. Local administrator to verify references, church membership and employment history.

☐ **W-4 FORM**

Who: All employees

Procedure: Verify that items 1, 2, 3, and 4 are complete and that either item 5 or 7 are completed, **NOT BOTH**. Also verify that the employee has signed and dated the form.

☐ **SOCIAL SECURITY CARD COPY**

Who: All employees

Procedure: A copy of the employee's Social Security Card is required for payroll processing. Please note that the employee's name on the W-4 form must match the name on the card and that payroll checks can only be issued using the name printed on the card. In the event of a lost card or name change due to marriage, divorce, etc., refer the employee immediately to the nearest Social Security office for a replacement card. *A copy of the receipt for the issuance of a new card is acceptable in place of a copy of the card.*

☐ **EMPLOYMENT ELIGIBILITY (I-9 FORM)**

Who: All employees

Procedure: Employee completes and signs and dates *Section 1* and presents his/her ID for verification. *Section 2* is completed and signed *by the church employee on-site* who witnesses the new employee's ID documentation chosen from the lists on the back of the I-9 form (One item from list A, or one item EACH from lists B and C). If the employee is not a U.S. citizen or permanent resident, please provide us with a copy of the employee's visa and work authorization so we can verify and help keep track of the effective dates.

☐ **NEW EEOC REPORTING EMPLOYEE INFORMATION FORM**

Who: All

Procedure: Have employee fill out and sign.

☐ **SERVICE RECORD FORM**

Who: Half-time employees on a regular basis and at least 20 years old.

Procedure: Have employee fill out for service record.

☐ **SALARY REDUCTION FORM**

Who: All employees

Procedure: Have employee fill out whether they want to participate or not.

☐ **DIRECT DEPOSIT AUTHORIZATION FORM**

Who: All employees

Procedure: Provide memo to employee. Have them attach a voided check.

☐ **NOTICE TO EMPLOYEE FORM**

Who: All employees

Procedure: Administrator fills out the name, hire date and wage information and signs the back of the form. Give form to employee and have them sign back of form.

☐ **CERTIFICATE OF COMPLETION OF BACKGROUND CHECK AND TRAINING**

Who: All employees

Procedure: Give them information how to complete the background check and training and then return the certificate of completion before they are hired.

☐ **HEALTH CARE APPLICATION**

Who: Only Full-time 38 hour a week employees

Procedure: Employee to fill out employee information, spouse information and dependent information and sign the back.

☐ **BASIC LIFE INSURANCE APPLICATION**

Who: Full-time employees

Procedure: Have employee fill out and sign.

☐ **AD&D APPLICATION**

Who: Full-time Employees

Procedure: Have employee fill out and sign. (This is voluntary & Paid by employee)

☐ **CONFLICT OF INTEREST FORM**

Who: All employees

Procedure: Have employee sign.

☐ **MANDATED REPORTER FORM**

Who: All exempt employees

Procedure: Have employee sign.

☐ **TUITION ASSISTANCE APPLICATION**

Who: All exempt full-time employees

Procedure: Have employee fill out and sign.

☐ **EMPLOYEE HANDBOOK**

Who: All full-time employees

Procedure: Have employee sign acknowledgement form.

If you have any questions or need additional information or assistance in completing any of the above forms or steps, please contact the Human Resources Department by phone 559-347-3042 or email lbarron@cccsda.org or fax 559-347-3062.