



## 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 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.

□ **BENEFICIARY DESIGNATION FORM**

Who: Full-time Employees

Procedure: Have employee fill out and sign.

□ **MEMO OF UNDERSTANDING**

Who: All employees

Procedure: Have administrator fill out and have both administrator and employee sign.

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](mailto:lbarron@cccsda.org) or fax 559-347-3062.



# PERSONNEL ACTION REQUEST

## Central California Conference

<b>EMPLOYEE INFO</b>	Employee Name (F, MI, L) _____ <input type="checkbox"/> New Position (include job description) Social Security Number _____ - _____ - _____ <input type="checkbox"/> Replacement for: _____
<b>NEW</b> <input type="checkbox"/> <b>REHIRE</b> <input type="checkbox"/>	<input type="checkbox"/> Full-time <input type="checkbox"/> Regular (12 Mos. or more) <input type="checkbox"/> Student <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary (Less than 12 Mos.) <input type="checkbox"/> Hourly \$ _____ Job Title: _____ Avg. hours per week: _____ Place of work: _____ Starting Date: _____ Date voted by local board: _____ Ending Date (if any): _____ Comments: _____
<b>CHANGE OF:</b> <b>ADDRESS</b> <input type="checkbox"/> <b>PAY RATE</b> <input type="checkbox"/> <b>JOB TITLE</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>	New Address: _____ <i>Street or P.O. Box</i> <i>Apt. #</i> _____ <i>City</i> <i>State</i> <i>Zip</i> <i>Phone</i> New Pay Rate: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly Effective Date: _____ New Job Title: _____ Effective Date: _____ Change of Status: <input type="checkbox"/> FT <input type="checkbox"/> PT Avg. hrs. per week _____ Effective Date: _____ Other: _____ <i>Note: Report change of name (marriage, etc.) by submitting new W-4 form with copy of new SS Card</i>
<b>TERMINATION</b> <input type="checkbox"/> <b>LEAVE OF ABSENCE</b> <input type="checkbox"/>	<input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> End of Assignment    Effective Date: _____ <input type="checkbox"/> Retirement <input type="checkbox"/> Dismissal    Date Voted by Board: _____ <i>(Dismissal or Layoff Only)</i> Vacation/Paid Leave Due: _____ <i>(Unused vacation/paid leave is paid out at termination, but not unused sick leave)</i> Leave of Absence Beginning Date: _____ Ending Date: _____ Comments: _____
<b>To avoid processing delays - before signing please make sure that all applicable sections are completed.</b>	
Authorized Local Employer's Signature: _____ Date: _____	
Print Name: _____ Title: _____	





# Form W-4 (2012)

**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.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </div> . . . . .	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b>	<u>      </u>

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 5px 0;">► <b>Whether you are 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></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	<u>      </u>
6 Additional amount, if any, you want withheld from each paycheck . . . . .	6 \$	<u>      </u>
7 I claim exemption from withholding for 2012, 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 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 . . . . . ►		
7 <u>      </u>		
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.		
8 Employee's signature (This form is not valid unless you sign it.) ►		Date ►
9 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		10 Office code (optional)
		11 Employer identification number (EIN)

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: { \$11,900 if married filing jointly or qualifying widow(er) }  
 { \$8,700 if head of household } . . . . . 2 \$ \_\_\_\_\_  
 { \$5,950 if single or married filing separately }
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

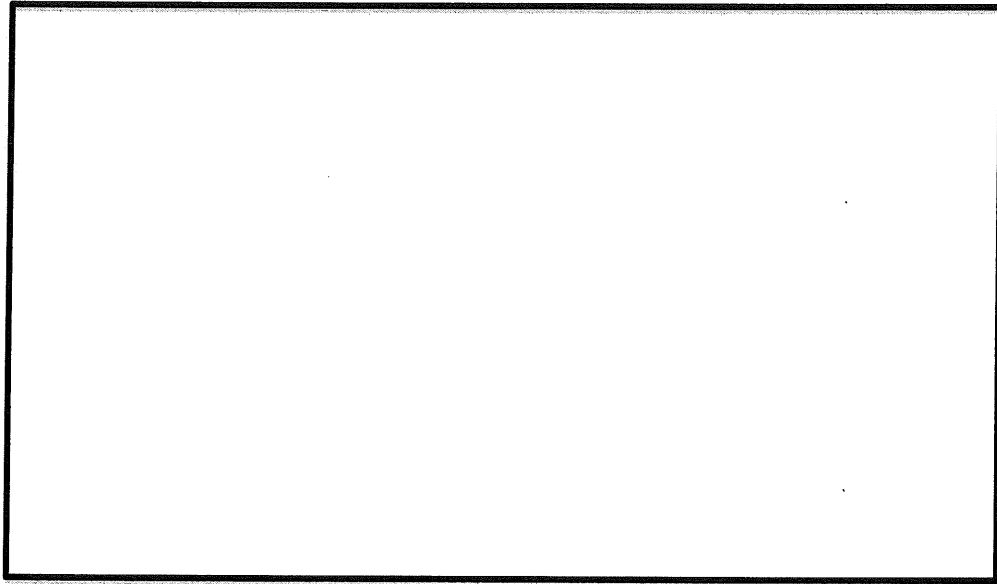
You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Please make a copy  
of the new employee's  
Social Security Card.



**Instructions****Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

**When Should Form I-9 Be Used?**

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

**Filling Out Form I-9****Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

**Employers must record in Section 2:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

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**For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### **Section 3, Updating and Reverification**

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - 2. Record the document title, document number, and expiration date (if any) in Block C; and
  - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### **What Is the Filing Fee?**

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### **USCIS Forms and Information**

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### **Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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### **Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

**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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date *(month/day/year)* \_\_\_\_\_

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____

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	Date <i>(month/day/year)</i>
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

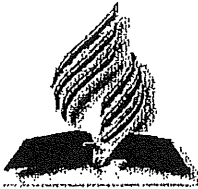
**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**



# NEW EMPLOYEE DATA COLLECTION

Central California Conference  
of Seventh-day Adventists

*Employee-please complete all sections*

Full Name (F,MI,L) \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Sex:  Male  Female Marital Status \_\_\_\_\_

Ethnicity (For government reporting purposes only)  Black  Hispanic  White  
 Pacific Islander/Asian  Native American

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Prior Denominational Service (Y/N)? \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Name of Last Denominational Employer \_\_\_\_\_

Credential/License Held \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Spouse's DOB \_\_\_\_\_

Name of Children:	DOB	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_  
Date

# NEW EMPLOYEE INFORMATION SHEET

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Starting Date with CCC \_\_\_\_\_

Position (i.e. pastor, teacher, etc.) \_\_\_\_\_ Email address: \_\_\_\_\_

Location of Employment \_\_\_\_\_

Birth Date \_\_\_\_\_ Date Entered Denominational Service \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Ordination \_\_\_\_\_

Father's Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Mother's (Maiden) Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Citizenship \_\_\_\_\_ Spouse's Birth Date \_\_\_\_\_

Military Service: Country \_\_\_\_\_ Begin \_\_\_\_\_ End \_\_\_\_\_ Branch \_\_\_\_\_

Date Date Date

## EDUCATIONAL RECORD

Level of Education	Degree/Diploma Held	Institution Granting Degree/Diploma	Year Degree/Diploma Received
Secondary	_____	_____	_____
Postsecondary (College)	_____	_____	_____
Postgraduate: Master's	_____	_____	_____
Doctoral	_____	_____	_____
Other	_____	_____	_____

## PREVIOUS DENOMINATIONAL EMPLOYER

Name and address of last denominational employing organization:

\_\_\_\_\_

\_\_\_\_\_

### \*\*\*\*\* FOR OFFICE USE ONLY

Please check all appropriate boxes:     Temporary     Permanent    Start Date \_\_\_\_\_

Rate of Pay:    Hourly \_\_\_\_\_    Remuneration % \_\_\_\_\_

Benefits - Please check all appropriate boxes:     VALIC (Retirement)     Medical

Field \_\_\_\_\_    Percentage \_\_\_\_\_    Initials \_\_\_\_\_

Other \_\_\_\_\_    Percentage \_\_\_\_\_    Initials \_\_\_\_\_



# Salary Reduction Agreement & Beneficiary Designation Form

New Enrollment     Beneficiary Change     Deferral Change

## Employee Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Voluntary Contribution

- I wish to make employee pre-tax contributions to the Adventist Retirement Plan in the following percentage of my eligible salary every pay period: \_\_\_\_\_%
- I wish to make employee pre-tax contributions to the Adventist Retirement Plan every pay period in the amount of \$ \_\_\_\_\_.
- I do not wish to make any voluntary contributions.
- I wish to make additional after-tax contributions to the Adventist Retirement Plan in the amount of \$ \_\_\_\_\_.

## Beneficiary Designation *(complete only if you are enrolling in the Plan or changing your beneficiary)*

If married, you may only designate your spouse as Primary Beneficiary on this form. To name more than one beneficiary or to name someone other than your spouse, you must complete an Alternative Beneficiary Designation Form.

### Primary Beneficiary

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Contingent Beneficiary

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## Employee Signature *(must select one below)*

- I DO NOT WISH to participate in a salary reduction agreement with the Adventist Retirement Plan at this time. I understand, that by not participating I will be ineligible for the employer matching contribution. I further understand that I may elect to participate in the Plan in the future, and it is my responsibility to contact the Human Resources Department through my employer to do so.
- I agree that my employer may reduce my salary by the percentage or amount which I have elected to contribute to the Adventist Retirement Plan, which is a tax-deferred savings plan. I understand that the Adventist Retirement Plan may limit my contributions in order to comply with federal law and the Plan document.

### Attention K-12 Educational Employees!

K-12 educational employees who have 10-month contracts may receive an upward adjustment in remuneration to fully compensate them for their estimated employer contribution loss. These employees are urged to contribute this pay adjustment to their voluntary defined contribution account.

\_\_\_\_\_ I am / am not including the special pay increase in the voluntary contribution section above.  
(Employee Initial)                      (circle one)

Employee Signature

Date

**For Processing Please Return This Form to Your Local Payroll Office**

Questions about this form may be directed to 1-888-568-2542, Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern Time

## AUTHORIZATION FOR ELECTRONIC DIRECT DEPOSIT (CREDITS)

I authorize Central California Conference of Seventh-day Adventists (CCC) to credit ~~one~~ of the following accounts.

- Checking Account
- Savings Account

The account number to be credited is indicated on the attached voided check.

This authorization will remain in effect until CCC receives a written notice from me to terminate the electronic direct deposit. CCC may terminate this electronic deposit arrangement by sending to me a written notice ten (10 ) days before termination.

**PLEASE ATTACH A VOIDED CHECK**

Signed \_\_\_\_\_ Date \_\_\_\_\_

## NOTICE TO EMPLOYEE

### Labor Code section 2810.5

Effective January 1, 2012, California Labor Code section 2810.5(a) requires that the following information be provided to each employee at the time of hire in the language the employer normally uses to communicate employment-related information. Exceptions to this requirement are indicated on the next page.

This notice is available in other languages at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE).

#### EMPLOYEE

Employee Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

#### EMPLOYER

Name of Employer: Central California Conference of Seventh-day Adventists

(Check all that apply):  Sole Proprietor  Corporation  Limited Liability Company  General Partnership

Other type of entity: Religious Corporation

Staffing agency (e.g., temp agency or PEO)

Other Name Employer is doing business as (if applicable): \_\_\_\_\_

Physical Address of Main Office: 2820 Willow Ave., Clovis, CA 93612

Employer's Mailing Address: PO Box 770, Clovis, CA 93613

Employer's Telephone Number: 559-347-3000

If the worksite employer uses any other business or entity to hire employees or administer wages or benefits, complete the information above for the worksite employer, complete the information below for the other business, and complete the remaining sections. If there is no other business or co-employer, or if the only other business is a recruiting service or a payroll processing service, skip the rest of this section, and complete the remaining sections.

Name of Other Business: \_\_\_\_\_

This other business is a:

Professional Employer Organization (PEO) or Employee Leasing Company or a Temporary Services Agency

Other: \_\_\_\_\_

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): \_\_\_\_\_

Employment agreement is (check box):  Oral  Written

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

Regular Pay Day: \_\_\_\_\_

# Memo

**To:** Employees, Volunteers, Churches, and Schools  
**From:** Linda Barron, Human Resources  
**Date:** April 12, 2012  
**Subject:** Background Check

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The Conference has a new company for our background checks. It also provides a training on recognizing and reporting child abuse. If your church's policy is to have all your volunteers that work with children do background checks, please have them do so themselves online as follows:

The website is: [shieldthevulnerable.org](http://shieldthevulnerable.org)

Click on Adult to register, choose Seventh-day Adventist from the drop down menu, choose Central California Conference from the next drop down menu. Proceed to registration and then you may begin the course. The course will take about 90 minutes to complete. After completing the course print out the certificate of completion and give it to your supervisor or director as proof that you have completed the course.

The cost is \$30.00 and will be billed to your local church. The back ground check is good for three years.

If you have any question or need assistance please call Sandra Pasillas at 559-347-3049

Thank You



# Adventist Risk Management, Inc.

EMPLOYEE HEALTH CARE  
ENROLLMENT APPLICATION

Employee Instructions: Complete the entire application **except the employer section of this page**. Return your completed application within five days to your employer. Benefits will be withheld until application is received.

## EMPLOYEE INFORMATION:

Group # :	Subgroup # :	Employer:	Employee's E-Mail Address:
Social Security Number:	First Name:	M. I.	Last Name:
Address 1			Department:
Address 2			Work Phone:
City	State	Zip	Home Phone:
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate MO DA YR	Hire Date MO DA YR	Effective Date: Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single

## SPOUSE INFORMATION:

Spouse First Name:	M.I.	Spouse Last Name:
Spouse Birthdate: MO DA YR	Spouse Social Security Number:	Is Spouse Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dependents Covered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number	Effective Date	
Spouse's Employer: Name		Phone #

## DEPENDENT INFORMATION:

Relationship	First Name	Last Name	Birthdate	Full-Time Student	Child's SS #
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					

## EMPLOYER INSTRUCTIONS TO BENEFIT PLAN ADMINISTRATOR:

Name	Effective Date	Primary/Secondary			
		Medical	Dental	Vision	Rx
Employee					
Spouse					
Dependent Children					
1.					
2.					
3.					
4.					

**Received On:**

DATE COMPLETED	
IBC	
TRANS#	
CARD	<input type="checkbox"/> IBC
CARD	<input type="checkbox"/> ARM
VERIFIED	<input type="checkbox"/> IBC <input type="checkbox"/> AHA <input type="checkbox"/> MEDCO
HIPAA	

**FOR ARM OFFICE USE**

OFFICE USE ONLY

OFFICE USE ONLY

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Coverage Code \_\_\_\_\_

## BASIC LIFE INSURANCE ENROLLMENT INFORMATION

Please fill in the information requested below for all dependents to be covered under the provided Basic Life Insurance program offered by the Central California Conference at no cost to the employee.

<u>Name</u>	<u>Date of Birth</u>
Employee _____	_____
Spouse _____	_____
Child _____	_____
Child _____	_____
Child _____	_____
Child _____	_____
Child _____	_____
Child _____	_____

*(Please note that children 24 years of age and older are not eligible for this coverage.)*

## BENEFICIARY DESIGNATION



Initial Beneficiary Designation(s) OR  Change of all prior beneficiary designation(s) (check only one box), I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name	Social Security Number
Employee Address	Telephone Number (    )
Policyholder/Employer	Policy/Employer Number

### NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your Company representative or your own legal counsel.

#### PRIMARY BENEFICIARY(IES)

Name: _____		Date of Birth _____	
Address: _____			
Social Security Number: _____		Relationship: _____	
		Benefit Percent: _____	
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D			
Name: _____		Date of Birth _____	
Address: _____			
Social Security Number: _____		Relationship: _____	
		Benefit Percent: _____	
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D			

#### CONTINGENT BENEFICIARY(IES)

Name: _____		Date of Birth _____	
Address: _____			
Social Security Number: _____		Relationship: _____	
		Benefit Percent: _____	
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D			
Name: _____		Date of Birth _____	
Address: _____			
Social Security Number: _____		Relationship: _____	
		Benefit Percent: _____	
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D			

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_