



Personnel Action Form

Washington Conference
Human Resources
32229 Weyerhaesuer Way S
Federal Way, WA 98001
Ph: (253) 681-6008
Fax: (253) 681-6009

Please Check: Status Change Leave of Absence Voluntary Termination Non-Voluntary Termination

General Information

Name: _____

Position: _____

Church/School/Organization: _____

Status Change

Please note that any request for a change, such as a raise, must conform to Conference pay scales and policies and be approved by the Conference. Local boards should not promise pay increases until confirmed by the Conference. Changes will not be retroactive, and cannot count prior to the payroll in which we receive the request.

Change Position: _____ Effective Date of Change: _____

Change Status: Full Time (38 hrs/wk) Enhanced Part-time (30-36 hrs/wk)
 Part-time (20-26 hrs/wk) Less than Part-time (<19 hrs/wk) Temporary/Seasonal

Change Hours/week From: _____ hrs/wk To: _____ hrs/wk Is overtime authorized?

Change in Pay Rate From: _____ To: _____ Yes No

Leave of Absence

Please have employee complete the leave of absence form

Voluntary Termination

Please contact Human Resources for all non-voluntary terminations prior to taking any action.

Voluntary Retirement

Reasons/Comments: _____

As authorized signer for the local entity, we acknowledge that there may be financial responsibilities associated with these changes and certify that we can and will meet those obligations. We will not offer this employee a specific wage change until authorized by the conference to do so. I certify that the above request is accurate and has been approved by the local board or its designee.

Local Representative Signature Position Date