



**ALLEGHENY EAST CONFERENCE CORPORATION OF SDA  
REQUEST TO HIRE FORM**

This form must be completed by the facility requesting the new hire. The candidate **may not** begin working until approved by the Conference Administration and a start date communicated by the human resources department.

FACILITY: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
(Name of church/school) (Address)

**SECTION 1 – REQUEST TO STAFF** (Complete all of this section)

Proposed Job title: \_\_\_\_\_ Proposed Hire Date: \_\_\_\_\_

New Position (attach job description)       Replacement for: \_\_\_\_\_  Rehire  
Employee Name

Restructured Position: \_\_\_\_\_  
(Explain changes to position- use additional sheets as necessary)

**PERSONAL INFORMATION** (for the selected candidate)

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Email Address	Home Number	Mobile Number
_____	_____	_____
Street Address	City	State/Zip Code

**SECTION 2- SALARY & BENEFITS** (Please complete applicable section)

**Locally Funded Employees**  
*Please attach signed agreement to remit*

Proposed Remuneration: \$ \_\_\_\_\_ per hour

FLSA Classification:  Exempt     Non-Exempt

Employee Status:  Part time     Temporary     Intern

**Proposed Work Schedule**

Part-time half-time (19-27 hours per week)  
Proposed # of hours per week \_\_\_\_\_

Part-time less than half-time (less than 19 hours)  
Proposed # of hours per week \_\_\_\_\_

**Conference Funded Employees**

Proposed Remuneration: \$ \_\_\_\_\_ per hr/mth

Remuneration Rate: \_\_\_\_\_%    Time \_\_\_\_\_ %

Travel allowance: \$ \_\_\_\_\_

ERI:  NNJ     SNJ     Del Val     AEC     BAY  
 HARRISBURG     METRO     DC

FLSA Classification:  Exempt     Non-Exempt

Employee Status:  FT     PT     Temporary     Intern

**Proposed Work Schedule**

Full time (38 hours per/week)  
 High hours part-time (30-35 hours per week)  
 Low hours part-time (19-27 hours per week)  
 Less than half-time (must be less than 19 hours)  
Proposed # of hours per week \_\_\_\_\_

Benefits:  Health     Life     Retirement

**SECTION 3 – APPROVALS** (HR/Education Admin Only)

School Board Minutes Submitted       Church Board Minutes Submitted   
ADCOM Approved:  Yes     No    Date: \_\_\_\_\_    Prek- 12 Board Approved:  Yes     No    Date: \_\_\_\_\_

Church Pastor/  
Superintendent: \_\_\_\_\_  
Print Name Signature

Administrator: \_\_\_\_\_  
Print Name Signature

Human Resources      Received by: \_\_\_\_\_      Date Received: \_\_\_\_\_