



**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: _____