



**ALLEGHENY EAST CONFERENCE CORPORATION OF SDA  
PERSONNEL ACTION FORM (PAF)  
(Return Completed Form to Human Resources)**

**PERSONNEL ACTIONS** (Mark all boxes that apply)

- |  |   |                                     |   |                                      |
|--|---|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Promotion     | <input type="checkbox"/> Change in Pay      | <input type="checkbox"/> Layoff     | <input type="checkbox"/> Reclassification   | <input type="checkbox"/> Retirement  |
| <input type="checkbox"/> Transfer      | <input type="checkbox"/> Change in Title    | <input type="checkbox"/> Furlough   | <input type="checkbox"/> Leave of Absence   | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Other (state) | <input type="checkbox"/> Job Status Change  | <input type="checkbox"/> Demotion   | <input type="checkbox"/> Personal Change    | <input type="checkbox"/> Resignation |
|  | <input type="checkbox"/> Reduction in Force | <input type="checkbox"/> Suspension | <input type="checkbox"/> Return From Layoff |                                      |

Comments \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION** (for the person the change is applicable to)

\_\_\_\_\_

First Name

Middle Name

Last Name

\_\_\_\_\_

Email Address

Home Number

Mobile Number

\_\_\_\_\_

Street Address

City

State/Zip Code

Please check this box if this is a new address

**PERSONNEL CHANGES**

**CURRENT**

Department/Location: \_\_\_\_\_  
 Job Title/Assignment: \_\_\_\_\_  
 Salary (per hour/month) \_\_\_\_\_  
 Work Schedule (time): \_\_\_\_\_  
 Workdays: \_\_\_\_\_  
 Total Hours per week: \_\_\_\_\_  
 Effective date: \_\_\_\_\_  
 Employment Status:  Fulltime  Part-time  
 Temporary  Inactive

**NEW**

Department/Location: \_\_\_\_\_  
 Job Title/Assignment: \_\_\_\_\_  
 Salary (per hour/month) \_\_\_\_\_  
 Work Schedule (time): \_\_\_\_\_  
 Workdays: \_\_\_\_\_  
 Total Hours per week: \_\_\_\_\_  
 Effective date: \_\_\_\_\_  
 Employment Status:  Fulltime  Part-time  
 Temporary  Inactive

**SEPARATION OF EMPLOYMENT**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Written Resignation | <input type="checkbox"/> Permanent Layoff | <input type="checkbox"/> Temporary Hire/Interim Assignment Ended |
| <input type="checkbox"/> Verbal Resignation  | <input type="checkbox"/> Temporary Layoff | <input type="checkbox"/> Termination (attach document)           |

Last day worked: \_\_\_\_\_

Eligible for rehire:  YES  NO

**AUTHORIZING SIGNATURES**

Person completing form: \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name Signature

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

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

**INTERNAL PROCESSING ONLY (Payroll/HR/Benefits)**

W = Withholding; S = Self-employed; N = No Withholding

\_\_\_\_\_ FICA

\_\_\_\_\_ Federal                      \_\_\_\_\_ # of Exemptions

\_\_\_\_\_ State                      \_\_\_\_\_ # of Exemptions                      \_\_\_\_\_ Code

\_\_\_\_\_ Local A                      \_\_\_\_\_ Code

\_\_\_\_\_ Local B                      \_\_\_\_\_ Code

Comments (Attach completed W-4 Form)

\_\_\_\_\_022 Seminary Stipened  
 \_\_\_\_\_028 Area Travel  
 \_\_\_\_\_029 Area Travel -Pst (Office Only)  
 \_\_\_\_\_054 Duplicated Housing Assistance  
 \_\_\_\_\_064 Auto Ins Emp Share  
 \_\_\_\_\_110 Tuition –Pine Forge Academy

\_\_\_\_\_112 Tuition –Jesse R. Wagner Adventist School  
 \_\_\_\_\_114 PNC Emp Bk Payment  
 \_\_\_\_\_117 Emp Healthcare Contribution  
 \_\_\_\_\_118 Healthcare Other  
 \_\_\_\_\_120 SECU –Credit Union  
 \_\_\_\_\_124 AFLAC  
 \_\_\_\_\_126 Hartford AD & D  
 \_\_\_\_\_127 Hartford Supplement Life  
 \_\_\_\_\_133 Garnishment  
 \_\_\_\_\_134 IRS Payment Levy  
 \_\_\_\_\_135 Tithe  
 \_\_\_\_\_160 Rent –Parsonage  
 \_\_\_\_\_161 Rent –Other  
 \_\_\_\_\_162 AEC Mortgage  
 \_\_\_\_\_163 AEC Escrow Payment

\_\_\_\_\_165 AEC Sp Housing Loan Payment  
 \_\_\_\_\_166 A/R Deduction  
 Amount \_\_\_\_\_  
 # of Payments \_\_\_\_\_  
 Reference #  
 \_\_\_\_\_168 PFA Endowment

\_\_\_\_\_171 Evangelism Balance  
 \_\_\_\_\_228 TSA –Aim Funds  
 \_\_\_\_\_229 TSA American Express  
 \_\_\_\_\_230 TSA Mutual of America  
 \_\_\_\_\_231 TSA Valic  
 \_\_\_\_\_233 TSA Lincoln Life  
 \_\_\_\_\_234 TSA Prudential  
 \_\_\_\_\_235 TSA Principal  
 \_\_\_\_\_910 DE Withholding Taxes  
 \_\_\_\_\_911 DC Withholding Taxes  
 \_\_\_\_\_924 MD Withholding Taxes  
 \_\_\_\_\_934 NJ Withholding Taxes  
 \_\_\_\_\_942 PA Withholding Taxes  
 \_\_\_\_\_951 VA Withholding Taxes  
 \_\_\_\_\_980 Federal Withholding Tax

**HUMAN RESOURCES**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Notes: \_\_\_\_\_