

# CHANGE of Employee Information for Locally-Funded Employees

## Pennsylvania Conference of Seventh-day Adventists

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Employee Name \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Complete if new address:**

Address \_\_\_\_\_

Complete **ONE** of the following charts:

Change Status Y/N	Effective Date	Monthly Rate (Salaried)	Hourly Rate (Hrly)	Job Title	%FT -- or -- Hrs/Wk	Work Location	Other:
		From:	From:	From:	From:	From:	From:
		To:	To:	To:	To:	To:	To:

If 100% full-time or at least 38 hrs/wk, full-time benefits apply and are charged to the local entity:

- Healthcare Enrollment
- Basic Life Insurance
- Employer Contribution to Retirement
- Long-term Disability
- Other optional insurances

Employment Ending Reason: (choose one) <small>Retirement Resignation Termination</small>	Employment Ending Date

If applicable, forwarding information:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Authorizing Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Pastor/Principal/Church or School Treasurer

**Mail/fax/email to:** Pennsylvania Conference, Human Resources  
 720 Museum Rd.  
 Reading, PA 19611  
 Fax: 610-374-9331  
 lmiranda@paconference.org

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**Office Use Only:**

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| <p><b>Documents:</b></p> <p>____ Insurance Info</p> <p>____ Terminate Medical</p> <p>____ Terminate Retirement</p> <p>____ Transfer Loans</p> | <p><b>Distributed to:</b></p> <p>____ Payroll</p> <p>____ Education</p> |
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