



Northern California Conference of Seventh-day Adventists  
 P.O. Box 619015, Roseville, CA 95661 • www.nccsda.com/humanresources  
 Phone (916) 886-5663 • FAX (888) 609-3904 • hr@nccsda.com

**SUBSTITUTE  
 Personnel Action  
 Request Form**

**OFFICE USE ONLY**  
 Received: \_\_\_\_\_ Processed: \_\_\_\_\_  
 Processed By: \_\_\_\_\_

Substitute Employee Name	Credential	Subrate	Employee ID	Position ID
<i>(First Name, Middle Initial, Last Name as stated on the Social Security Card)</i>	<i>(State or Denominational)</i>			
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____

1. **School Year** (i.e. 2019-2020) \_\_\_\_\_

2. **Date voted by school board** \_\_\_\_\_

3. **Additional Comments (optional)** \_\_\_\_\_

**Before signing, please make sure that all information on this form is completed to avoid processing delays.**

4. **Authorized Local Employer's Signature** \_\_\_\_\_ Date \_\_\_\_\_

5. Print Your Name \_\_\_\_\_ Your Title \_\_\_\_\_

6. Name of School You Represent \_\_\_\_\_