



HUMAN RESOURCES

Treasurers' Training
Southern California Conference
October 24 & 31, 2021

Human Resource Selected Topics



HIRING

EMPLOYEES / INDEPENDENT CONTRACTORS

NEW EMPLOYEE PAPERWORK

PAYING A NEW EMPLOYEE – COMMUNITY WAGE SCALE

BENEFITS BY CATEGORY



CHANGES DURING EMPLOYMENT

CHANGES - EAF

LEAVES

TRAINING



EMPLOYMENT SEPARATIONS

TERMINATIONS

RESIGNATIONS

RIF (REDUCTION IN FORCE)

RETIREMENTS

CHURCH EMPLOYEES

- EVERY employee hired by our churches is a Conference employee and must be paid through the Conference payroll.
- Benefits are based on hours worked – THEREFORE -
- Hourly employees MUST work the number of hours they were hired to perform, not more, and not less.



Independent Contractor or Employee

All workers are assumed to be employees unless they pass the California ABC test to be independent contractors



All independent contractors must sign a service agreement with the church.

- **A** - if worker is free from the control and direction of the hirer in performing the work;
 - **and**
- **B** – the worker performs work that is outside the usual course of the hiring entity's business;
 - **and**
- **C** – the worker is customarily engaged in an independently established occupation as the work performed for the hiring entity.

Hiring Non-Adventists

- Job must be posted for at least 2 months.
 - Update job description for posting
 - Position filled – job posting comes down
- Hiring non-Adventist must be approved by the conference.
- Proof of job posting (SCC website, newsletter, churches, schools.)



job postings

What are the steps to hire a new employee

- BEFORE a new employee can start working, ALL new employee paperwork and background check must be completed and submitted to the HR office.
- New Employee paperwork is available on the SCC website at <https://scc.adventist.org>

Must check one: CONFERENCE LOCALLY FUNDED

Employee's Full LEGAL Name: (Last, First, Middle) _____

Work Location Name: (Church/School/Office) _____

Contact Person: (Supervisor/Pastor/Principal/Director) _____

Email: _____ Phone: _____

Select the action that applies and fill out section completely.

<p>1. <input type="checkbox"/> HIRE</p>	<p>Type of hire: <input type="checkbox"/> NEW <input type="checkbox"/> REHIRE (within 12 months of last day worked: ___/___/___)</p> <p>Work Status: <input type="checkbox"/> Full-Time Regular <input type="checkbox"/> Part-Time Regular <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Student <input type="checkbox"/> Interim <input type="checkbox"/> Temporary (Less than 3 months and must indicate date for the end of the term of employment)</p> <p>JOB TITLE: _____ Date voted by Board/Committee _____</p> <p>START DATE: _____ End Date (if temporary) _____</p> <p>Work hours: _____ per week</p> <p>To be paid: <input type="checkbox"/> Hourly @ \$_____ per hour <input type="checkbox"/> Salary @ \$_____ per check (with prior approval of SCC HR & meet minimum amount)</p>	
<p>2. <input type="checkbox"/> CHANGE</p>	<p>FILL IN ALL CURRENT INFORMATION Do NOT leave blank!</p> <p>Current Pay \$ _____</p> <p>Current Position: _____</p> <p>Current Hrs worked per week: _____</p>	<p>FILL IN REQUESTED CHANGES If no change, write "no change." Do not leave blank.</p> <p>Change to: \$ _____</p> <p>Change to: _____</p> <p>Change to: _____</p> <p>EFFECTIVE DATE: _____</p> <p>Select one: <input type="checkbox"/> KEEP previous position and ADD these changes <input type="checkbox"/> MOVE from previous position to NEW position</p>
<p>3. <input type="checkbox"/> SEPARATION</p>	<p>Type of separation: <input type="checkbox"/> Resignation (attach resignation letter) <input type="checkbox"/> Dismissal (attach termination letter from board/supervisor – MUST have prior HR authorization) <input type="checkbox"/> Transfer out of Conference <input type="checkbox"/> Retirement <input type="checkbox"/> Reduction in force (attach prior HR Authorization; do NOT terminate without HR approval)</p> <p>Position held: _____ Last day worked: _____</p> <p>Forwarding address for final paycheck: _____</p>	

APPROVAL:
 Date: _____ Authorized [Supervisor] Signature: _____ Title: _____

FOR SCC OFFICE USE:
 Date: _____ Conference Treasurer Signature: (for in-office hires ONLY) _____

EAF – Employee Action Form

- When you HIRE an employee
- When you make a CHANGE with an employee
- When your employee LEAVES



▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP! Employer Completes Next Page STOP!

Employment Eligibility Verification form

EMPLOYEE: PAGE

Section 1 needs to be completed by the employee.

The bottom section is only completed if a translator is used



Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name So. Cal. Conf. of SDAs	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
1535 E. Chevy Chase Drive	Glendale	CA	91206

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's current authorization has expired, provide the information from the document that establishes continuing employment.				
Document Title	Expiration Date (if any) (mm/dd/yyyy)			
I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, and if the employee is authorized to work in the United States, and if the employee is authorized to work in the United States.				
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative		

Section 2. Employer

Enter name and Citizenship – it's the # of the box the employee checked on page 1.

Document verification.

List A document

OR

List B document

AND

List C document

Typical List B and List C documents

List B Identity	AND	List C Employment Authorization
Document Title		Document Title
Issuing Authority		Issuing Authority
Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)



What can I pay my employee

Minimum Wage Rates (Los Angeles City/County)

Effective 1/1/2022

- Regular Hourly rate \$15.00
- Overtime hourly rate \$22.50
(over 8 hours day/ 40 per week)
- Doubletime (after 12 hours/day) \$30.00

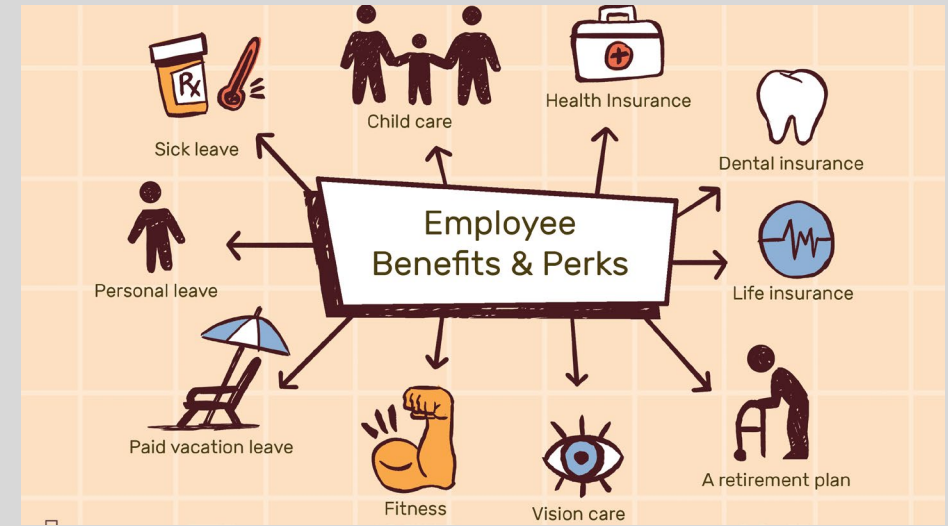
Community Wage Scale

2022 Community Wage Scale

	1	2	3	4	5	6
Switchboard/Receptionist I	\$ 15.00	\$ 15.12	\$ 15.57	\$ 16.95	\$ 17.78	\$ 18.67
Switchboard/Receptionist II	\$ 17.85	\$ 17.99	\$ 18.53	\$ 20.02	\$ 20.84	\$ 21.75
Secretary I	\$ 15.00	\$ 15.12	\$ 15.57	\$ 16.95	\$ 17.80	\$ 18.71
Secretary II	\$ 18.60	\$ 19.29	\$ 20.73	\$ 22.87	\$ 24.33	\$ 25.85
Admin Secretary	\$ 18.92	\$ 19.90	\$ 21.39	\$ 23.53	\$ 24.91	\$ 26.47
Bookkeeper I	\$ 15.79	\$ 15.91	\$ 16.63	\$ 18.06	\$ 18.95	\$ 19.87
Bookkeeper II	\$ 19.42	\$ 19.86	\$ 21.05	\$ 22.85	\$ 23.97	\$ 25.17
Treasurer I	\$ 23.68	\$ 23.88	\$ 24.60	\$ 26.05	\$ 26.60	\$ 27.25
Treasurer II	\$ 25.02	\$ 25.32	\$ 26.18	\$ 27.80	\$ 28.57	\$ 29.37
Groundskeeper I	\$ 15.00	\$ 15.12	\$ 15.57	\$ 16.92	\$ 17.74	\$ 18.62
Groundskeeper II	\$ 17.70	\$ 18.01	\$ 19.10	\$ 20.81	\$ 21.90	\$ 23.05
Custodian I	\$ 15.00	\$ 15.12	\$ 15.57	\$ 16.49	\$ 17.21	\$ 17.97
Custodian II	\$ 17.55	\$ 17.69	\$ 18.57	\$ 20.14	\$ 21.08	\$ 22.09
Maintenance I	\$ 17.58	\$ 17.80	\$ 18.42	\$ 19.58	\$ 20.10	\$ 20.69
Maintenance II	\$ 19.81	\$ 20.60	\$ 21.82	\$ 23.69	\$ 24.79	\$ 26.02
Ministry Director I	\$ 15.37	\$ 15.90	\$ 16.81	\$ 18.21	\$ 19.06	\$ 19.97
Ministry Director II	\$ 18.14	\$ 18.60	\$ 19.46	\$ 20.88	\$ 21.65	\$ 22.48
Audio/Visual Technician I	\$ 18.32	\$ 19.71	\$ 21.70	\$ 24.35	\$ 26.27	\$ 28.24
Audio/Visual Technician II	\$ 23.99	\$ 25.01	\$ 26.54	\$ 28.86	\$ 30.29	\$ 31.84
Teacher Aid I	\$ 15.00	\$ 15.12	\$ 15.57	\$ 16.64	\$ 17.14	\$ 17.80
Teacher Aid II	\$ 17.55	\$ 17.69	\$ 18.57	\$ 20.02	\$ 20.86	\$ 21.78
Security Guard I	\$ 15.00	\$ 16.00	\$ 17.59	\$ 19.89	\$ 21.58	\$ 23.33
Security Guard II	\$ 16.80	\$ 17.92	\$ 19.71	\$ 22.29	\$ 24.17	\$ 26.16

Employee Benefits

- All Employees are eligible for mandatory benefits:
 - Worker's compensation, Los Angeles paid sick leave
- Employees who work 20 hours to 28 hours/week:
 - All of the above
 - Retirement contributions
 - Vacation Accrual
 - Extended Sick Leave
 - Paid holidays
- Employees who work 30 hours to 36 hours/week:
 - All of the above
 - Long-Term Disability
 - Healthcare Benefits
 - Voluntary Group Insurances
- Employees who work 38 to 40 hours/week:
 - All of the above
 - Basic Life Insurance



Benefits we do NOT have



Unemployment Insurance

State Disability Insurance

COBRA

Mandatory Training

Sexual harassment prevention training is mandatory for all employees.



Leaves

All leaves *MUST* be reported to Human Resources office:

- Sick day
- Vacation
- Bereavement
- Jury Duty
- Disability
- FMLA



Family Medical Leave Act



- What FMLA is:
 - Unpaid Leave
 - Qualified medical condition
 - Job protection for up to 12 weeks
 - Benefits protection for up to 12 weeks

- What FMLA is NOT
 - Paid leave**
 - Routine illnesses

Payment during FMLA

BENEFITS-ELIGIBLE EMPLOYEES

Non- Exempt (Hourly)

- A. Short-term sick leave
- B. Extended sick leave
- C. Vacation leave
- D. Unpaid leave
- E. Disability pay (91st day)

Exempt (Salaried)

- A. Short-term sick leave
- B. Vacation leave
- C. Salary continuation
- D. Disability pay(91st day)

Separations

All PROPOSED separations (RIF, dismissals) must be reported to HR before any action can be taken.

- Resignations
- Retirements
- RIF (Reduction in Force; require legal review)
- dismissal (for cause; require legal review)

RETIREMENTS

➤ Retirement applications take 4 – 6 months to process

Plan Ahead

➤ Defined Benefit

(Old “pension plan” – pre-2000)

➤ Defined Contribution Plan

(Current plan – post 2000)

➤ Empower Retirement



ANNUAL OPEN ENROLLMENT

- Every employee who works 30 hours/week **MUST** enroll online via PlanSource
- Open Enrollment is scheduled for November 8-18
- Open Enrollment completion is **MANDATORY** for continued employment



Questions?

Department Email is hr@sccsda.org

- Deanna Simeone
- Assistant Director
- dsimeone@sccsda.org



- Claudia Style
- HR Dept Assistant
- cstyle@sccsda.org





for your service to
Southern California Conference