

NORTHEASTERN CONFERENCE OF SEVENTH-DAY ADVENTISTS

REQUEST FOR LOCALLY FUNDED POSITION

FACILITY _____

LOCATION _____

Section 1: This section must be completed by the church, school or facility seeking to add a locally funded position and submitted to the Northeastern Conference's Office of the Secretary for consideration. A candidate for the proposed position may not be offered employment or commence working until the locally funded position is approved by the Conference ADCOM.

Position Information

Proposed Job Title: _____

Proposed Job Duties: _____

(use additional sheets if necessary or attach a proposed job description)

New Position

Replacement for _____
(former employee name)

Former Employee's Remuneration: \$ _____

Restructured Position: From _____ To _____

Proposed Remuneration: _____ Hourly Salary

Proposed Start Date: _____

Proposed FLSA Exemption Classification: Salaried Exempt
(Must be minimum
salary of \$455 per week)

Hourly Non-Exempt

Proposed Work Schedule (Select One):

Full time (38 hours per week)

High Hours Part time (scheduled between 30 and 35 hours per week).

Number of proposed work hours per week: _____

Low Hours Part time (scheduled between 19 and 26 hours per week)

Number of proposed work hours per week: _____

Less Than Half time (scheduled less than 19 hours per week)

Number of proposed work hours per week: _____

Other (provide explanation): _____

Section 2: This section will be completed by the Conference Executive Secretary and returned to the requesting facility for review and a funding commitment.

Requested position has been approved as proposed

Will the Conference prepare locally funded educational employment letter?

Yes No

Will the Conference prepare an employment offer letter? Yes No

Requested position has been approved with these changes:

(use additional sheets if necessary)

Requested position has been denied because _____

[Name, Title]

Date: _____

Employment Benefits Eligibility

(This section will only be completed if the requested position is approved. Benefits for which the position is ineligible are marked "N/A".)

- | | | |
|--|---|--|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> High Hours Part Time | <input type="checkbox"/> Low Hours Part Time |
| <input type="checkbox"/> Less Than Half Time | <input type="checkbox"/> On Call | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Other: _____ | | |

Benefits (check if apply)	Employee Cost Per Month	Facility Cost Per Month
<input type="checkbox"/> Healthcare Assistance Plan	\$ _____	\$ _____
<input type="checkbox"/> Retirement	\$ _____	\$ _____
<input type="checkbox"/> Basic Life	\$ _____	\$ _____
<input type="checkbox"/> Supplemental Life	\$ _____	\$ _____
<input type="checkbox"/> Vacation Accrual (amount _____)	\$ _____	\$ _____
<input type="checkbox"/> Tuition Assistance	\$ _____	\$ _____
Number of Eligible Children: _____		
<input type="checkbox"/> Workers' Compensation	\$ _____	\$ _____
<input type="checkbox"/> Sick Leave Accrual (amount _____)	\$ _____	\$ _____
<input type="checkbox"/> Other (describe in attachment)	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Local Facility Funding for Remuneration and Employment Benefits

(This section will only be completed if the requested position is approved).

The church, school or facility must provide the Northeastern Conference with \$ _____ month to cover the remuneration for the approved position and \$ _____ per month to cover the cost of benefits for the approved position. The funds must be delivered to the Conference Treasury no later than the tenth (10th) day of each month in advance of each Northeastern Conference payroll date.

TOTAL FUNDING REQUIRED PER MONTH: \$ _____

<p>Section 3: The Funding Commitment must be completed by the church, school or facility and returned to the Conference Treasurer if the requested position is approved.</p>

I, _____, am an authorized representative of the _____
(name/title) (church/school or facility) (“Facility”).

The Board of the Facility has reviewed the completed Request for Locally Funded Position and voted on _____, 20____, to submit to the Conference the total amount of \$ _____ per month to fund the position (*attach a copy of the Board action/resolution*).

The Facility will send the Northeastern Conference \$ _____ no later than the _____ day of each month to cover the remuneration and benefit costs for the approved position.

If the Facility does not provide the necessary funding for the employee’s remuneration and benefits to the Northeastern Conference in a timely manner, the Facility acknowledges that the Northeastern Conference, as the employer of the locally funded employee, may in its sole discretion take any of the following actions: (i) place the employee on an unpaid administrative leave (a “furlough”) until funding is received by the Conference; (ii) revise the terms of employment between the Conference and the employee; or (iii) cease the locally funded employee’s employment due to insufficient funding and terminate any employment agreement.

The Facility acknowledges that any individual proposed to fill the approved position must (i) complete a Northeastern Conference employment application and submit it to the Conference Human Resources Director, (ii) meet the necessary requirements of the position, (iii) authorize and successfully complete a criminal background check before the individual can be offered employment, commence work or receive remuneration or benefits. (*The Northeastern Conference employment application and authorization for criminal background check to be completed by the individual are attached if the proposed position is approved by the Conference. These forms must be completed by the individual and returned to the Northeastern Conference Human Resources Director with this certification.*)

The Facility further acknowledges that the employee must complete Section 1 of Form I-9 by his or her first day of work for pay. Employees may complete Section 1 of Form I-9 at any time

between acceptance of a job offer and the first day of work for pay. The Facility further acknowledges that the employee must submit appropriate document(s) so the Facility may fully complete Section 2 of Form I-9 on behalf of the Northeastern Conference within three (3) business days of the employee's first day of work for pay.

[Signature of Authorized Representative of Local Facility]

[Print Name and Title]

Date