



**SOUTHEASTERN 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 Conference's Human Resources Director for consideration. A candidate for the proposed position may not be offered employment or commence working until the locally funded position is approved by 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  Hourly Non-Exempt  
(Must be minimum of \$455 per week)

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 [CONFIRM: 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 Southeastern Conference Human Resources and returned to the requesting facility for review and a funding commitment.**

Requested position has been approved as proposed

Conference will prepare and sign locally funded educational employment agreement?

Yes  No

Conference will 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".)*

- Full Time                       High Hours Part Time                       Low Hours Part Time  
 Less Than Half Time                       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	\$ _____	\$ _____
<input type="checkbox"/> Voluntary	\$ _____	\$ _____
<input type="checkbox"/> Match	\$ _____	\$ _____
<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)	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

**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 Southeastern Conference with \$ \_\_\_\_\_ per pay period **or** month to cover the remuneration for the approved position and \$ \_\_\_\_\_ per pay period **or** month to cover the cost of benefits for

the approved position. The funds must be delivered to the Conference office for deposit \_\_\_\_\_ days in advance of each Southeastern Conference payroll date.

**TOTAL FUNDING REQUIRED PER [CONFIRM: PAY PERIOD OR MONTH:  
\$ \_\_\_\_\_]**

**Section 3: The Funding Commitment must be completed by the church, school or facility and returned to the Southeastern Conference Human Resources Director if the requested position is approved.**

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 agrees to submit to the Conference the total amount of \$\_\_\_\_\_ per [CONFIRM: pay period or month] required to fund the position (*attach a copy of the Board action/resolution*).

The Facility will send the Southeastern Conference \$\_\_\_\_\_ at least \_\_\_\_\_ days in advance of each payroll date 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 Southeastern Conference in a timely manner, the Facility acknowledges that the Southeastern 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 Southeastern 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 Southeastern 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 Southeastern 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 Southeastern Conference within three (3) business days of the employee's first day of work for pay.

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[Signature of Authorized Representative of Local Facility]

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[Print Name and Title]

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Date