



TREASURERS AND HUMAN RESOURCES

Treasurers workshop

April 26, 2015

Topics

- Recruitment
- Employment
 - Hiring
 - Payroll
 - Changes/Benefits
 - Terminations/Resignations
- Workers Compensation
- Volunteers
- Independent Contractors vs. Employee

RECRUITMENT

Contact Macy Grayson, 951-509-2352

Macy.grayson@seccsda.org

Advertising for Open Positions

- Create Job Description
- SECC Job Ops
 - Online
- Church Bulletin

JOB OPPORTUNITIES

Southeastern California Conference of Seventh-day Adventists

April 7, 2015

Southeastern California Conference is a religiously-qualified Equal Opportunity Employer, with the right to prefer Seventh-day Adventists in hiring. It is our policy to recruit and promote for all jobs on the basis of merit, qualifications, competence, attitude and spiritual commitment. No aspect of employment shall be influenced by race, color, national origin, sex, age or handicap. Applications may be downloaded from <http://seccdr.adventistfaith.org>

SCHOOL YEAR (2015)

CHILDREN'S DISCOVERY CENTER

Pre-School Teacher. Part-time. Seeking qualified candidate to work with children ages 2 to 5 years. Requires a minimum of 12 units in Early Childhood Education. (Will consider a Teacher's Aide position if applicant is currently enrolled in ECE classes. For more information, contact Laura Parker, Director at (951) 781-3621.

MURRIETA SPRINGS ADVENTIST CHRISTIAN ACADEMY

After-care Teacher's Aide. Part-time. Teacher's Aide time would be for first and second combination class; while Aftercare requires supervising grades K-8 after school. For further information, please contact Darena Shetler, Teaching Principal, at (951) 294-4924.

SAN ANTONIO CHRISTIAN SCHOOL

Teacher's Aide. Part-time. Seeking a candidate to assist in the classroom and/or in aftercare. Candidate should be flexible, good with children; energetic and have experience working with children. If interested, please contact Janet Lopez at (909) 982-2301.

SUNRISE CHRISTIAN PRESCHOOL - A Division of Orangewood Academy

ECE Teacher. Part-time. Seeking a candidate with a minimum of 12 Early Childhood Education units with at least one year of classroom experience. For more information, please call Audry Railey, Director, at (714) 534-4694, ext. 661.

ECE Teacher's Assistant Aide. Part-time. Seeking a candidate with a minimum of 12 Early Childhood Education units with at least one year of classroom experience. For more information, please call Audry Railey, Director, at (714) 534-4694, ext. 661.

SCHOOL YEAR (2015-2016)

LA SIERRA ACADEMY

High School English Teacher. Full-time. Seeking a dynamic and innovative teacher for this position. Desire an educator who has a passion for working with adolescents. Applicant must have secondary certification in English. Masters degree preferred. Please submit resume and a copy of your completed SECC application to Walter Lancaster, Lead TK-12 Principal at kholm@lsak12.com

Art Teacher. Grades 7-12. Part-time. Seeking a qualified candidate with a Bachelor's degree in Art; and experience teaching Art is highly desirable. Please submit resume and a copy of your completed SECC application to Walter Lancaster, Lead TK-12 Principal at kholm@lsak12.com

CONFERENCE OFFICE. - No current openings.

CHURCHES. - No current openings.

PINE SPRINGS RANCH

Food Services Department. Cook. Part-time. Seeking qualified candidate to serve as a cook working every other weekend and occasionally during the week. Persons applying for this position must work well with others, have strong customer service skills; must be able to excel in a fast paced environment, and be comfortable working with deadlines under pressure. Prior experience in food service production, service sanitation and supervisory experience is desired, but not mandatory. This is an hourly position to average 24 hours per week. For further information and complete job requirements, or to submit an application, please call Carmen Ibanez at (951) 659-4131.

PLEASE NOTIFY MACY GRAYSON IN HUMAN RESOURCES WHEN POSITIONS ARE FILLED (951) 509-2352

MACY.GRAYSON@seccda.org

Screening/Selection Process

- Testing (optional)
- Screening/Interview Packet available
- Applications and Resumes need to be stored

EMPLOYMENT

Contact Brooke Hess, 951-509-2353

Brooke.hess@seccsda.org

New Hire

- Contact Brooke Hess in HR *BEFORE* the employee starts working
 - New Hire Forms
 - PAR
 - Application
 - Membership Check
 - Background Check
 - Service Record Request
 - New Employee Data Collection Sheet
 - Conflict of Interest Statement
 - W-4
 - I-9, with copies of documents
 - Possible Benefits, page 80 in treasurers handbook

Payroll

- Bi-weekly pay date
- 26 pay days
- Timecards are due the Monday before pay day
- Timecards may be mailed, e-mailed, or faxed
- No duplicates
- Direct Deposit available

Change in Employment

- Create a Change PAR for:
 - Step increases/decreases
 - Title change
 - Work location change
 - Change in the amount of Hours a week
 - Status (ex. Part-time to Full-time or Temporary to Regular)
- Submit to Brooke Hess in HR via e-mail, mail, or fax *BEFORE* the change takes place

Resignation vs. Termination

Resignation

- Resignation Letter/Note
- Create PAR and submit to HR BEFORE employee's last day
- Possibly cash out any unused vacation time with final check

Termination

- Notify HR if employee will be terminated
- Possible termination review
- Create PAR after review is completed
- Possibly cash out any unused vacation time with final check

WORKERS COMPENSATION

Contact Macy Grayson, 951-509-2352

Macy.grayson@seccsda.org

How to Report a Workers Comp Claim

- Employees who have been injured at work will file a workers compensation claim using forms **DWC1** and **form 5020**. They will then **fax them to the Human Resources department 951-509-2395**.
- Once we receive the forms we must audit for accuracy and send them to intake and our claims representative Lauren Evans
- Print out copies of the confirmation e-mails as well as the sent e-mails and create a new file with the injured employee's name and DOI (Date of injury) and file it with the current workers comp claims.
- **Have the employee take a copy of these completed forms with them when they go to seek treatment.**
 - Inform the employee that if they are asked to pay for any treatment or prescriptions for this work-related injury, they must keep the receipts to present to our Workers' Compensation provider for reimbursement up to a cap.
 - Employees must submit these receipts to Macy Grayson in HR
- **Have the employee visit the nearest workers comp medical provider:**
 - Kaiser Occupational Health Center
 - US Healthworks
 - Loma Linda Occupational Medicine Center 328 Commercial Road Suite 101, San Bernardino, 92408
 - If employees are not near one of these locations they can call the Human Resources department and we can contact Sedgwick at 925.988.1174
- E-mail all work status notifications you receive from the employee to Macy Grayson in HR
 - You may be required to complete a wage statement
 - A wage statement is a listing that asks for days worked and amount earned in a pay period over the course of one year from date of injury.
- If an employee is placed 'Off Work' keep track of the amount of days missed and notify the Benefits Specialist if the employee will need to transition to TTD or LTD.

THIS IS A WORKERS' COMPENSATION CLAIM FORM. Please complete it if you are injured on the job. If you are injured on the job, you must file this form with your employer within 30 days of the date of the injury. If you are injured on the job, you must also file this form with the Division of Industrial Relations (DIR) within 30 days of the date of the injury. If you are injured on the job, you must also file this form with the Division of Industrial Relations (DIR) within 30 days of the date of the injury.

EMPLOYEE'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments to justify a felony.

California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

1. FIRM NAME _____ **2. Policy Number** _____ **3. Please do not use this column**

4. MAILING ADDRESS (Business, Street, City, Zip) _____ **5a. Phone Number** _____ **CASE NUMBER**

6. LOCATION (If different from Mailing Address (Business, Street, City and Zip)) _____ **7a. Location Code** _____ **CHARGESHEET**

8. NATURE OF BUSINESS, e.g., Building contractor, wholesale grocer, waiter, hotel, etc. _____ **9. State unemployment Insurance and/or**

10. TYPE OF EMPLOYEE: ☐ **Private** ☐ **State** ☐ **County** ☐ **City** ☐ **School District** ☐ **Other (List, Specify)** _____ **INDUSTRY**

11. DATE OF INJURY (OR DATE OF ILLNESS) TIME INJURY/ILLNESS OCCURRED _____ **12. TIME EMPLOYEE BEGAN WORK** _____ **13. EMPLOYEE'S DATE OF BIRTH (month/day/year)** _____ **OCCUPATION**

14. DATES TO KNOW (DATE OF LAST FULL DAY OF WORK PRIOR TO INJURY) _____ **15. DATE LAST WORKED (month/day/year)** _____ **16. DATE RETURNED TO WORK (month/day/year)** _____ **17. IF STILL OFF WORK, CHECK THIS BOX** _____

18. EMPLOYEE'S PRESENTING SYMPTOM(S) _____ **19. SALARY BEING CONTINUED?** ☐ **Yes** ☐ **No** _____ **20. DATE OF EMPLOYEE'S KNOWLEDGE NOTICE OF INJURY/ILLNESS (month/day/year)** _____ **21. DATE EMPLOYEE WAS NOTICED LOSS OF TIME (month/day/year)** _____ **SEX**

22. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL TREATMENT IF AVAILABLE, e.g., Second degree burn on right arm, swelling in left elbow, head pain, etc. _____ **AGE**

23. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Business, Street, City, Zip) _____ **24a. COUNTY** _____ **25. ON EMPLOYER'S PREMISES?** ☐ **Yes** ☐ **No** _____ **DAILY HOURS**

26. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop _____ **27. Other Workers Injured or Sick in this event?** ☐ **Yes** ☐ **No** _____ **DAYS PER WEEK**

28. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Ladder, scaffolding, tools, boiler, machine _____ **29. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding, pouring of molten metal, loading boxes onto truck** _____ **WEEKLY HOURS**

30. NON INJURY/ILLNESS OCCURRED (SEQUENCE OF EVENTS, SPECIFY DATES OF EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker slipped back to impact work and injured on equipment. Do not list, be limited against head, neck, and hand right hand. USE SEPARATE SHEET IF NECESSARY) _____ **WEEKLY INCOME**

31. DATE OF INJURY/ILLNESS _____ **32. DATE OF INJURY/ILLNESS** _____ **33. DATE OF INJURY/ILLNESS** _____ **COUNTY**

34. DATE OF INJURY/ILLNESS _____ **35. DATE OF INJURY/ILLNESS** _____ **36. DATE OF INJURY/ILLNESS** _____ **NATURE OF INJURY**

37. DATE OF INJURY/ILLNESS _____ **38. DATE OF INJURY/ILLNESS** _____ **39. DATE OF INJURY/ILLNESS** _____ **PART OF BODY**

40. DATE OF INJURY/ILLNESS _____ **41. DATE OF INJURY/ILLNESS** _____ **42. DATE OF INJURY/ILLNESS** _____ **SOURCE**

43. DATE OF INJURY/ILLNESS _____ **44. DATE OF INJURY/ILLNESS** _____ **45. DATE OF INJURY/ILLNESS** _____ **EVENT**

46. DATE OF INJURY/ILLNESS _____ **47. DATE OF INJURY/ILLNESS** _____ **48. DATE OF INJURY/ILLNESS** _____ **SECONDARY SOURCE**

49. DATE OF INJURY/ILLNESS _____ **50. DATE OF INJURY/ILLNESS** _____ **51. DATE OF INJURY/ILLNESS** _____ **EXTENT OF INJURY**

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VOLUNTEERS

Call Human Resources or General Services Dept. with questions

Volunteers pg. 131

- A volunteer, according to wage and hour laws, is an individual who performs or donates services for humanitarian, public service, or religious reasons without ***contemplation of payment of any kind***.
- There are typically two types of volunteers with which Southeastern California Conference deals:
 - An individual who has never been an employee of the organization who performs or donates services.
 - The second is an established employee performing or donating services for the employer on their off time. An employee cannot be considered an unpaid volunteer when performing their same duties within the same workweek.
- In either case, the Human Resources Department should be notified when such individuals perform such services. For your convenience, Volunteer Services forms are available in the Human Resources Department.

INDEPENDENT CONTRACTORS

Call Human Resources or General Services Dept. with questions

Classification

- Employee vs. Independent Contractor
 - pg. 117 Treasurers handbook
- Complete Contract and Liability Insurance