



TREASURERS AND HUMAN RESOURCES

Treasurers workshop

Abril 10, 2016

Topics

- Recruitment (el reclutamiento)
- Employment (Empleo)
 - Hiring (contratación)
 - Payroll (nómina de sueldos)
 - Changes/Benefits (cambios/beneficios)
 - Terminations/Resignations (terminación/renuncia)
- Workers Compensation (remuneración de los trabajadores)
- Volunteers (voluntario)
- Independent Contractors vs. Employee (contratista independiente)

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://seccar.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 Aid 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 khholm@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 khholm@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@SECCIDA.ORG

Screening/Selection Process

- Testing (optional)
(pruebas—opcional)
- Screening/Interview
Packet available
(paquetes disponibles de
proyección/entrevista)
- Applications and
Resumes need to be
stored (necesita almacenar
aplicación y currículum)

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 (aplicación)
 - Membership Check (verificar la afiliación)
 - Background Check (verificar los antecedentes)
 - Service Record Request (solicitud de registro de servicio)
 - New Employee Data Collection Sheet (datos de nuevo empleado)
 - Conflict of Interest Statement (declaración conflicto de intereses)
 - W-4
 - I-9, with copies of documents
 - Possible Benefits, page 80 in treasurers handbook

Payroll

- Bi-weekly pay date (fecha de pago quincenal)
- 26 pay days (26 fechas de pago)
- Timecards are due the Monday before pay day (tarjetas de tiempo se deben entregar el luns antes de día de pago)
- Timecards may be mailed, e-mailed, or faxed (tarjetas de tiempo pueden enviarse por correo, por correo electrónico o por fax)
- No duplicates (sin duplicados)
- Direct Deposit available (depósito directo disponible)

Change in Employment

- Create a Change PAR for:
 - Step increases/decreases (aumentos de paso/disminuye)
 - Title change (cambio de título)
 - Work location change (cambiar lugar de trabajo)
 - Change in the amount of Hours a week (cambio en la cantidad de horas)
 - Status (ex. Part-time to Full-time or Temporary to Regular) (estado)
- Submit to Brooke Hess in HR via e-mail, mail, or fax *BEFORE* the change takes place

Resignation vs. Termination

Resignation (renuncia)

- Resignation Letter/Note (carta/nota de renuncia)
- Create PAR and submit to HR BEFORE employee's last day (preparar PAR y presentar a HR antes del ultimo día de trabajo del empleado)
- Possibly cash out any unused vacation time with final check (posiblemente cobrar el tiempo de vacaciones no utilizados con comprobación final)

Termination (terminación)

- Notify HR if employee will be terminated (notificar HR si se dará por terminado empleado)
- Possible termination review (posible revisión de terminación)
- Create PAR after review is completed (preparar PAR después de que se completó revisión)
- Possibly cash out any unused vacation time with final check (posiblemente cobrar el tiempo de vacaciones no utilizados con comprobación final)

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 CALIFORNIA
EMPLOYER'S REPORT OF
OCCUPATIONAL INJURY OR ILLNESS

Please complete 1 through 10 if possible (but see copies to)

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.

DEATH CASE NO. ☐ FATALITY ☐

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

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

5. LOCATION (Different from Mailing Address (Business, Street, City and Zip)) _____ 6a. Location Code _____ CHARGESHEET

7. NATURE OF BUSINESS, e.g., Building contractor, wholesale grocer, consultant, hotel, etc. _____ 8. State unemployment insurance and/or

9. TYPE OF EMPLOYEE: ☐ Private ☐ State ☐ County ☐ City ☐ School District ☐ Other (if so, specify _____) INDUSTRY

10. DATE OF INJURY (DATE OF LOSS) OR TIME INADVERTENCE OCCURRED (month/day/year) _____ 11. TIME EMPLOYEE BEGAN WORK (month/day/year) _____ 12. EMPLOYEE'S DATE OF BIRTH (month/day/year) _____ OCCUPATION

13. DATES TO WORK BEFORE AND AFTER (month/day/year) _____ 14. DATE LAST WORKED (month/day/year) _____ 15. DATE RETURNED TO WORK (month/day/year) _____ 16. IF STILL OFF WORK, CHECK THIS BOX: ☐ Yes ☐ No

17. EMPLOYEE'S PRESENT STATUS (month/day/year) _____ 18. DATE OF EMPLOYEE'S KNOWLEDGE NOTICE OF INJURY/ILLNESS (month/day/year) _____ 19. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (month/day/year) _____ SEX

20. SPECIFIC ACTIVITY AND PART OF BODY AFFECTED, MEDICAL TREATMENT, e.g., Second degree burn on right arm, swollen in left elbow, head protruding _____ AGE

21. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Business, Street, City, Zip) _____ 22a. COUNTY _____ 23. ON EMPLOYER'S PREMISES? ☐ Yes ☐ No DAILY HOURS

24. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop _____ 25. Other Workers Injured or Sick in this event? ☐ Yes ☐ No DAYS PER WEEK

26. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Ladder, scaffolding, tools, boiler, machine _____ WEEKLY HOURS

27. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck _____ WEEKLY INCOME

28. 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 slipped on ramp material. As he fell, he landed against steel wall, and burned right hand. SEE SEPARATE SHEET IF NECESSARY) _____ COUNTY

29. SOURCE _____ PART OF BODY

30. OCCUPATION (Specify job title, NO abbreviations or numbers) _____ SOURCE

31. EMPLOYEE USUALLY WORKS _____ 32a. EMPLOYMENT STATUS: ☐ Regular ☐ Sublime ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Other _____ 32b. UNDER WHAT CLASS CODE OF YOUR POLICY WERE INJURY/ILLNESS REPORTED? _____ EXTENT OF INJURY

33. GROSS WAGES/SALARY \$ _____ per _____ 34. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g., tips, meals, overtime, bonuses, etc.) ☐ Yes ☐ No

Completed by (Type or print) _____ Signature & Title _____ Date (month/day/year)

Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14000.06), or others for the purpose of processing a workers' compensation or other insurance claim, and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14000.06, CCR Title 8 14000.07 requires provision upon request to certain state and federal workplace safety agencies).

FORM 1001 (Rev. 11) June 2002 FILING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACION AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACION DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

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.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma está la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felony".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

- Name. Nombre. _____ Today's Date. Fecha de Hoy. _____
- Home Address. Dirección Residencial. _____
- City. Ciudad. _____ State. Estado. _____ Zip. Código Postal. _____
- Date of Injury. Fecha de la lesión (accidente). _____ Time of Injury. Hora en que ocurrió. _____ a.m. _____ p.m.
- Address and description of where injury happened. Dirección/lugar donde ocurrió el accidente. _____
- Describe injury and part of body affected. Describa la lesión y parte del cuerpo afectada. _____
- Social Security Number. Número de Seguro Social del Empleado. _____
- Signature of employee. Firma del empleado. _____

Employer—complete this section and see note below Empleador—complete esta sección y note la notación abajo.

- Name of employer. Nombre del empleador. _____
- Address. Dirección. _____
- Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente. _____
- Date claim form was provided to employee. Fecha en que se le entregó al empleado la petición. _____
- Date employer received claim form. Fecha en que el empleado devolvió la petición al empleador. _____
- Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros. _____
- Insurance Policy Number. El número de la póliza de Seguro. _____
- Signature of employer representative. Firma del representante del empleador. _____
- Title. Título. _____ 18. Telephone. Teléfono. _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que proporcione copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/Copia del Empleador ☐ Employee copy/Copia del Empleado

☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado

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