

Mountain View Conference Locally Funded Employee Change Request Form

We, the	(church, school	, other) have voted and a	approved on				
(date) a recommendation for payroll changes to (full name) who is currently employed by the Mountain View Conference. Indicate items to change: Rate of Pay Position Job Description Termination Classification We desire for the change to start effective this date:							
							D (T' (20, 251
				Recommendation is for the employee to be: full time (38+ hours week) High Hours Part Time (30 - 35 hours			
				week)	(19 - 29 hours week)	☐ less than half time	(below 19 hours week)
Classification of employee is to be:	☐ Exempt – At least \$684 per	week in salary plus other	r criteria.				
	□ Non-Exempt – less than \$68	4 per week in salary.					
Position (i.e. custodian, teacher assistant)	<i>:</i>						
If applicable, is new position considered							
Job description for employee (be specific	•						
300 description for employee (be specific	, send attachment if necessary)	•					
			 				
b. The Board has voted to recemployees earning at least	(7.65%), Retirement (Up to 8%), we, as well as all benefits the employenest for half time or more employed and the billed cost while subject to l, once conference approval is obtained by semployees every two weeks and the payroll period. Mountain View Conference in writing amount changes. It is form be but only a change recommendation d can be terminated by the Mountain to the semployment requires the form be but only a change recommendation of the semployment requires the form be but only a change recommendation of the semployment requires the form be but only a change recommendation of the semployment requires the form be but only a change recommendation of the semployment requires the form be but only a change recommendation of the semployment requires the form the semployment requires the semployment requ	burs per week. dollars every week. (Can dess than that must use an hompt employee in another of View Conference, the ground workers compensation loyee would be eligible for oyees effective 1/1/2013. The change is \$1,500 per more ained for changes, bill the difference from non-exemplating and with a follow up to be completed and submitted and funding agreement.	only be used for exempt ourly rate. This option <i>can</i> capacity for the Conference.) as wages, employer's portion cost for the Employee listed under Mountain View Health care is a benefit for 100 nth as of January 2024. It is a payroll report the cost of the temployees, a payroll report phone call if and when the diff.				
Submit original form to Mountain View Cont							
Retain a blank copy of this form for any chan	ges and retain a signed copy of th	is form for local purposes.	Revised 1/03/24				