



SAN LUIS OBISPO COUNTY
OFFICE OF EDUCATION
LEADERSHIP ■ COMMUNITY ■ SERVICE
JAMES J. BRESCIA, Ed. D., SUPERINTENDENT

Position Change Form

Purpose: This form should be used for changes to a position. An employee in this position will be affected by this change.

Employee currently in position:	Date:
Job Title:	Position Control #:
Supervisor:	

Reduction to position Increase to position	Start Date:	End Date (if applicable):	
	From (Old FTE):	To (New FTE):	
Location Change	From (location):	To (location):	
	Effective Date:	End Date (if applicable):	
	New Phone (and ext.):		
Continue Position	Effective Date:	End Date (if applicable):	
End Position	Effective Date:		
Change Account Code* *For account code changes ONLY, please submit directly to Fiscal Services and see CC below	Start Date:	End Date (if applicable):	
Stipend for position	Continue Effective Date:	Add End Date:	End Stipend Type: Select one
Comments:			

(1) Supervisor _____ Date _____

(2) Assistant Superintendent _____ Date _____

(3) HR Specialist _____ Date _____

(4) Fiscal Services _____ Date _____

(5) Chief HR Officer _____ Date _____

(6) HR Analyst _____ Date _____

(7) Position Control _____ Date _____

CC: Personnel File (Original) * Payroll * Position Control * SubFinder * HR Analyst (CE/Mgmt) * PERS (CL Only) * Executive Assistant * Benefits * Originator * **Acct Code changes only** CC: Payroll / Fiscal Specialist / Executive Assistant

Revised 03/27/2015

For HR Office Use Only:

Position Control #: _____
% of year worked: _____
Completed Date: _____
By (name): _____