



Employee Change Form

Purpose: This form should be used for changes to a person, NOT a position.

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| Name: | Date: |
| Job Title: | Position Control #: |
| Supervisor: | |

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| Voluntary Reduction in hours (Attach employee letter of request) | Start Date: | End Date (if applicable): |
| | From/Old FTE : | To/New FTE: |
| Change in pay | Type: Select one | From: To: |
| | Effective Date: | |
| | Out of Class Pay: From: Job title To: Job title From (grade/step): To(grade/step): Start Date: End Date: | |
| <input type="checkbox"/> Leave of Absence | Type: Leave type Start Date: | Paid: <input type="checkbox"/> Not Paid: <input type="checkbox"/> End Date (if known): |

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|------------------|
| Comments: |
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| _____ (1) <i>Supervisor</i> <i>Date</i> | _____ (2) <i>Assistant Superintendent</i> <i>Date</i> |
| _____ (3) <i>HR Specialist</i> <i>Date</i> | _____ (4) <i>Fiscal Services</i> <i>Date</i> |
| _____ (5) <i>HR Analyst</i> <i>Date</i> | _____ (6) <i>Chief HR Officer</i> <i>Date</i> |
| _____ (7) <i>Position Control</i> <i>Date</i> | |

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| Human Resources Comments: |
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Cc: Personnel File (Original) * Payroll/Benefits * SubFinder * HR Analyst * Executive Assistant * HR Specialists*

For HR Office Use Only:

Completed: _____

By (name): _____