



BRIGHTON AREA SCHOOLS  
STATUS CHANGE FORM (Existing Employees Only)

Employee Information

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

New or Additional Assignment (Circle One)

Position: \_\_\_\_\_ Building/Location: \_\_\_\_\_

Hours per Day: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Affiliation: BEA  BESPA  Non-Affiliated  EduStaff

Reason for Change: \_\_\_\_\_

Account#: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Previous Assignment

Position: \_\_\_\_\_ Building/Location: \_\_\_\_\_

Hours per Day: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Affiliation: BEA  BESPA  Non-Affiliated  EduStaff

Account#: \_\_\_\_\_

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Approval

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_