

**NOTE:** Employee will not be set up for any type payroll action or change without the respective Executive Officers signature.

CHECK APPROPRIATE BOX:  
 PROFESSIONAL       PARA-PROFESSIONAL  
 AUXILIARY       SUBSTITUTE

## SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

### EMPLOYEE STATUS CHANGE FORM

**EMPLOYEE** \_\_\_\_\_ **EMPLOYEE #** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ASSIGNMENT** \_\_\_\_\_ **CAMPUS/DEPT.** \_\_\_\_\_

	PRESENT	NEW	EFFECTIVE DATE
<input type="checkbox"/> CHANGE PAY GRADE	_____	_____	_____
<input type="checkbox"/> CHANGE PAY RATE	_____	_____	_____
<input type="checkbox"/> CHANGE BUDGET CODE	_____	_____	_____
<input type="checkbox"/> CHANGE LOCATION	_____	_____	_____
<input type="checkbox"/> CHANGE TITLE	_____	_____	_____
<input type="checkbox"/> PAY SUPPLEMENT	_____	_____	_____
<input type="checkbox"/> ADDITIONAL YRS. EXP.	_____	_____	_____
<input type="checkbox"/> CHANGE CONTRACT DAYS	From _____ To _____	From _____ To _____	#Days _____
<input type="checkbox"/> POSITION CONTROL #	_____	_____	_____
<input type="checkbox"/> REPLACING EMPLOYEE	_____	_____	_____

LEAVE STATUS      EFFECTIVE DATE: \_\_\_\_\_ PROBABLE DATE OF RETURN: \_\_\_\_\_

Medical Leave     
  Temp. Disability     
  FMLA     
  Worker's Comp.     
  Other: \_\_\_\_\_

**REASON:** \_\_\_\_\_  
 \_\_\_\_\_

PRINCIPAL/DIRECTOR/COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_ EXECUTIVE OFFICER OR CHIEF ACADEMIC OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

FUNDING SOURCE ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_ EXECUTIVE BUSINESS OFFICER OR CHIEF FINANCE & BUSINESS OFFICER \_\_\_\_\_ DATE \_\_\_\_\_  
*(if applicable)*

HUMAN RESOURCES DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ SUPERINTENDENT \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*If you are changing a budget code, please send this directly to the Accounting Department along with your budget amendment\*\***

For Human Resources Use Only	
If moving a teacher/instructional aide from one campus to another please change in AESOP. Initials/Date _____	QUALITY CONTROL CHECK Initials/Date: _____