

**ALEXANDER COUNTY SCHOOLS
POSITION CHANGE CHECKLIST
(Complete the section that best describes your need)**

EMPLOYEE NAME _____

CURRENT POSITION/LOCATION _____ **Position #** _____
(completed by HR)

ADD BUS ASSIGNMENT:

Start Date _____

Substitute Driver Substitute Monitor

Regular Route Driver Regular Route Monitor Bus # _____ AM/PM Hours per week _____

Additional Information for HR/Payroll _____

ADMINISTRATIVE TRANSFER/HIRE (no job posting created, or interviews completed):

New Position & Location _____ **Position #** _____
(completed by HR)

Voluntary Involuntary

Reason for Transfer/Hire A new position was created
 Resignation or Retirement of _____
 Transfer of _____
 Other _____

Start Date _____ Permanent Temporary- End Date _____

Salary _____ New Budget Code _____

Additional Information for HR/Payroll _____

BUDGET CODE CHANGE ONLY:

New Budget Code _____

Effective Date _____

Additional Information for HR/Payroll _____

DATA CORRECTION:

Full-time (30+ hours) Part-time Substitute Hours worked per week: _____

Benefits: None Annual/Sick (20+ hours) Insurance/Retirement (30+ hours) Personal Leave

Effective Date _____

Additional Information for HR/Payroll _____

SIGNED: _____ **DATE:** _____

Principal or Director signature

DEPARTMENT APPROVAL: _____ **DATE:** _____

EC/Student Support Services /Title 1 Director signature if applicable

HUMAN RESOURCE APPROVAL: _____ **DATE:** _____

Assistant Superintendent of HR or Superintendent signature)