SAN BENITO SCHOOLS

HUMAN RESOURCES

CHANGE RECOMMENDATION

Effective Date _____

Current Campus/Dept: _____

Employee Name _____

Employee ID _____

Change as per:

Org Chart _____ **New Compensation Plan** _____ **Supt. Request** _____ **Transfer** _____

PLEASE MAKE THE FOLLOWING CHANGE TO: SALARY:	PLEASE MAKE THE FOLLOWING CHANGE TO: HOURLY RATE:
Former SALARY: _____	Former HOURLY: _____
New SALARY: _____	New HOURLY: _____

PLEASE MAKE THE FOLLOWING CHANGE TO: TITLE/ASSIGNMENT	PLEASE MAKE THE FOLLOWING CHANGE TO: NUMBER OF DAYS
Former TITLE/ASGMNT: _____	Former Number of Days: _____
New TITLE/ASGMNT: _____	New Number of Days: _____

PLEASE MAKE THE FOLLOWING CHANGE TO: CAMPUS	PLEASE MAKE THE FOLLOWING CHANGE TO: FUNDING ACCOUNT
Former CAMPUS: _____	Former FUNDING ACCOUNT: _____
New CAMPUS: _____	New FUNDING ACCOUNT: _____

Releasing Principal/Dir. Signature: _____ Date: _____

Requesting Principal/Dir. Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

HR Designee Signature: _____ Date: _____

Executive Director of Admin Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

OFFICE USE ONLY:
APPROVED: _____ DENIED: _____