



Itawamba County School District

CHANGE OF STATUS FORM

SEND to Board Clerk

Date: _____

Location: _____

Legal Name: _____

Effective Date: _____ ☐ Full- Time ☐ Part-Time

If part-time, will employee work less than 30 hrs. per week? ☐ Yes ☐ No

Please fill out only the portions that are applicable to the change your are requesting:

Position/# of Days Change

Current Position/# of Days Employed: _____

New Position/# of Days Employed: _____

Employee being replaced: _____

Location Change

Current Location: _____

New Location: _____

Salary Changes *(only complete what is applicable)*

Current Hourly Rate/Annual Salary: _____ Current Salary Schedule/Step: _____

Requested Hourly Rate/Annual Salary: _____ Requested Salary Schedule/Step: _____

Approved:

Current Supervisor/Principal

Date

Reassigned Supervisor/Principal

Date

Superintendent

Date

District Office Only

Salary of Old Position: _____ Days Worked/Budget Days: _____ Earned Wage: _____

Salary of New Position: _____ Days worked/Budget Days: _____ Earned Wage: _____

Adjusted Combined Salary: _____ Monthly Payroll Change Begins: _____

Funding Source: _____

Coding: _____

Business Office/Date

RESET