

Current Employee Status Change Form

ONLY FILL OUT WHAT IS BEING CHANGED

EMPLOYEE FULL NAME _____

Status: ☐ Permanent ☐ Non-cont. Building _____

☐ Temporary LOA or Medical Leave (**Letter Required to HR**)

End date _____

____ Classified
____ Certificated
____ Administration

EFFECTIVE DATE OF CHANGE (subject to change, depending on approvals below) _____

REASON FOR CHANGE _____
(Increase/decrease in hours, transfer buildings & budget code changes)

Current Assign	New Assign	Current Building	New Building	Current hrs. per day	New hrs. per day

Current work days M-F	New work days M-F	Start Time	End Time

New Budget Codes	Hours per code (only by quarter hours)

Required Signatures (change/requests are not final until all signatures are present & HR notifies Principal/Department Head via e-mail). If there is a delay, this could change the effective date.

Return this form to HR.

Building/Department Administrator _____ DATE _____

Human Resources _____ DATE _____

FL _____ Sen. Date _____ SS _____ SW _____ E-Mail _____ Payroll _____