PARK CITY SCHOOL DISTRICT

Employee Change Form
FTE or Transfer

Employee Name: _____ Today's Date: _____

Location: _____ Position: _____ FTE_____

Effective Date of Changes: _____

FTE Change Increase ☐ Decrease ☐ New FTE/Hours: _____

Is this a **Position Transfer**?

☐ No ☐ Yes Position Title: _____ FTE/Hours: _____

New Location: _____ Person being replaced: _____

Justifications of transfer or change in position:

_____

The employee has been notified of this change: No Yes

Funding Source: _____

_____ _____
Administrator Signature Date

_____ _____
Funding Source Administrator Date

_____ _____
Business Department Approval Date

_____ _____
Human Resources Approval Date

Office Use Only:

Status Sheet Board Packet Tech Dept. FTE Check