



EMPLOYEE POSITION/STATUS CHANGE
(Other than Separation From Service)

Employee Information

Employee Name _____
First _____ *Last* _____ *M.I.* _____

Job Change Information

1. Please check the box that indicates the employee position change.
2. Enter the effective date next to the change.
3. Complete the Budget Code section for ALL changes.
4. Enter any additional information in the NOTE section below.

Leave of Absence _____
Effective date

Workers Comp Leave _____
Leave start date

Change in Position _____
Effective Date

Salary Change _____
Enter new salary and effective date

Budget Code _____

Other _____

Notes

Please include any additional information here:

Approvals

Principal/Director

Date

Assistant/Deputy Superintendent

Date

Director of Human Resources

Date

District Superintendent

Date