

FOOD SERVICE EMPLOYEE CHANGE FORM



TO: Educational Support Personnel Department (Fax 469-6180)

PLEASE MAKE THE FOLLOWING CHANGE(S) ON THE EMPLOYEE LISTED BELOW:

Employee Name

Social Security Number

Title

School

COMPLETE ALL THAT APPLY:

CHANGE NUMBER OF HOURS WORKING EACH DAY FROM _____ TO _____.

and/or

ADD 5% PAY **REMOVE 5% PAY** For: **SATELLITE** **SHARE MANAGEMENT**

and/or

() PLACE ON TEMPORARY PROMOTION AS: _____
(Title)

Reason for temporary promotion: _____

() REMOVE TEMPORARY PROMOTION AS: _____

EFFECTIVE DATE OF CHANGE

Employee Signature acknowledging change

Food Service Area Manager Signature

ESP Use Only

Approved and Processed in Educational Support Personnel by: _____
(Initial & Date)

(Forward original form to Payroll. Place copy in personnel file.)

Payroll Use Only

Processed in Payroll by: _____
(Initial & Date)

