



## Employee Change Form

Purpose: This form should be used for changes to a person, NOT a position.

Name:	Date:
Job Title:	Position Control #:
Supervisor:	

<input type="checkbox"/> <b>Voluntary Reduction in hours</b> (Attach employee letter of request)	<b>Start Date:</b> _____ <b>End Date (if applicable):</b> _____ <b>From/Old FTE :</b> _____ <b>To/New FTE:</b> _____
<input type="checkbox"/> <b>Change in pay</b>	<b>Type:</b> _____ <b>From:</b> _____ <b>To:</b> _____ <b>Effective Date:</b> _____ <b>Out of Class Pay:</b> <b>From:</b> _____ <b>To:</b> _____ <b>From (grade/step):</b> _____ <b>To(grade/step):</b> _____ <b>Start Date:</b> _____ <b>End Date:</b> _____
<input type="checkbox"/> <b>Leave of Absence</b>	<b>Type:</b> _____ <b>Paid:</b> <input type="checkbox"/> <b>Not Paid:</b> <input type="checkbox"/> <b>Start Date:</b> _____ <b>End Date (if known):</b> _____

**Comments:**

(1) <i>Supervisor</i> _____	(2) <i>Assistant Superintendent</i> _____
<i>Date</i>	<i>Date</i>
(3) <i>HR Specialist</i> _____	(4) <i>Fiscal Services</i> _____
<i>Date</i>	<i>Date</i>
(5) <i>HR Analyst</i> _____	(6) <i>Chief HR Officer</i> _____
<i>Date</i>	<i>Date</i>
(7) <i>Position Control</i> _____	
<i>Date</i>	

**Human Resources Comments:**

Cc: Personnel File (Original) \* Payroll/Benefits \* SubFinder \* HR Analyst \* Executive Assistant \* HR Specialists\*

**For HR Office Use Only:**  
 Completed: \_\_\_\_\_  
 By (name): \_\_\_\_\_