

MT. SAN ANTONIO COLLEGE
EMPLOYEE CHANGE OF STATUS

Employee Name: _____ BANNER ID: _____

Effective Date of Change: _____ *Effective End Date: _____

☐ Classified ☐ Confidential ☐ Faculty ☐ Supervisory ☐ Manager

TYPE OF ACTION(S)	FROM	TO
<input type="checkbox"/> PERMANENT CHANGE(S) <input type="checkbox"/> Account Number <input type="checkbox"/> Departmental Change <input type="checkbox"/> Hours <input type="checkbox"/> Months <input type="checkbox"/> Promotion <input type="checkbox"/> Reclassification <input type="checkbox"/> Shift Change <input type="checkbox"/> Add Shift Differential <input type="checkbox"/> Remove Shift Differential <input type="checkbox"/> Other <input type="checkbox"/> SEPARATION <input type="checkbox"/> Dismissal <input type="checkbox"/> End of Assignment <input type="checkbox"/> Lay Off <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Other <input type="checkbox"/> TEMPORARY CHANGE(S) <input type="checkbox"/> Additional Assignment (P/T Classified Employees) <input type="checkbox"/> Administrative Leave <input type="checkbox"/> Change of hours/months <input type="checkbox"/> Percentage of Full-Time <input type="checkbox"/> Increase from _____ to _____ <input type="checkbox"/> Decrease from _____ to _____ <input type="checkbox"/> Substitute/Interim (Out-of-Class) <input type="checkbox"/> Other	Job Title: _____ Department: _____ _____ Account No: _____ Percentage: _____ Account No: _____ Percentage: _____ Total Hours/Week: _____ Number of Months: _____ Days of Week: _____ Shift Hours: _____	Job Title: _____ Department: _____ _____ Account No: _____ Percentage: _____ Account No: _____ Percentage: _____ Total Hours/Week: _____ Number of Months: _____ Days of Week: _____ Shift Hours: _____
	<u>BUDGET USE ONLY</u>	<u>BUDGET USE ONLY</u>
	Position No.: _____ Contract No.: _____	Position No.: _____ Contract No.: _____
	<u>HUMAN RESOURCES USE ONLY</u>	<u>HUMAN RESOURCES USE ONLY</u>
	Range: Step: _____ Longevity: _____ Differential: _____ Job FTE: _____ Pay Rate: \$ _____	Range: Step: _____ Longevity: _____ Differential: _____ Job FTE: _____ Pay Rate: \$ _____
	<u>EXPLANATION OF CHANGE</u> (attach additional documentation if necessary): <div style="height: 100px; border: 1px solid black;"></div>	

Manager (Print name and sign) _____ Date _____ Assoc. V.P., Fiscal Services Signature _____ Date _____

HR Technician Signature _____ Date _____ V.P., Human Resources Signature _____ Date _____

V.P. of assigned Division Signature _____ Date _____ President/CEO Signature _____ Date _____

SEND ORIGINAL TO HUMAN RESOURCES

***Temporary Assignments MUST have a projected end date (no greater than the end of the fiscal year). A new form must be submitted to the Office of Human Resources every fiscal year and MUST be Board Approved PRIOR to changing the employee's status. Employee should not work in requested assignment until after Board Approval.**

HUMAN RESOURCES USE ONLY

Human Resources Signature _____ Date _____ Board Date _____

☐ Denied ☐ Banner
☐ Approved ☐ Payroll

****Reviewed by President's Cabinet on:** _____