MT. SAN ANTONIO COLLEGE
EMPLOYEE CHANGE OF STATUS

Employee Name: _____ **BANNER ID**: _____
Effective Date of Change: _____ ***Effective End Date**:_____

☐ Classified ☒ Confidential ☐ Faculty ☐ Manager

TYPE OF ACTION(S)	FROM	TO
☐ **PERMANENT CHANGE(S)** ☐ Account Number ☐ Departmental Change ☐ Hours ☐ Months ☐ Promotion ☐ Reclassification ☐ Shift Change ☐ Add Shift Differential ☐ Remove Shift Differential ☐ Other ☐ SEPARATION ☐ Dismissal ☐ End of Assignment ☐ Lay Off ☐ Release from Probation ☐ Resignation ☐ Retirement ☐ 39 Month ☐ 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: _____
	BUDGET USE ONLY Position No.: _____ Contract No.: _____	***BUDGET USE ONLY*** Position No.: _____ Contract No.: _____
	HUMAN RESOURCES USE ONLY Range, Step: _____ Longevity: _____ Differential: _____ Job FTE: _____ Pay Rate: $_____	***HUMAN RESOURCES USE ONLY*** Range, Step: _____ Longevity: _____ Differential: _____ Job FTE: _____ Pay Rate: $_____
☒ **TEMPORARY CHANGE(S)** ☐Additional Assignment (P/T Classified Employees) ☐ Administrative Leave ☐ Paid ☐ Unpaid ☐ Change of hours/months ☐ Percentage of Full-Time ☐ Increase from _____ to _____ ☐ Decrease from _____ to _____ ☐ Substitute/Interim (Out-of-Class) ☐ Other	EXPLANATION OF CHANGE (attach additional documentation if necessary):	

_____	_____	_____	_____
Manager (Print name and sign)	Date	HR Technician Signature	Date
_____	_____	_____	_____
VP of assigned Division Signature	Date	VP, Human Resources Signature	Date
_____	_____	_____	_____
Chief Compliance & Budget Officer 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 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

_____
Board Date

☐ Denied	☐ Banner	☐ Benefits	☐ PPAGENL
☐ Approved	☐ Payroll	☐ PPASKIL	☐ PPACERT

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