

**MT. SAN ANTONIO COLLEGE
EMPLOYEE CHANGE OF STATUS**

Employee Name: _____ BANNER ID: _____
 Effective Date of: _____ *Effective End Date: _____
 Change: Classified Confidential Faculty 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"/> Release from Probation <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> 39 Month <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"/> Paid <input type="checkbox"/> Unpaid <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: \$ _____	
	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

_____	<input type="checkbox"/> Denied	<input type="checkbox"/> Banner	<input type="checkbox"/> Benefits	<input type="checkbox"/> PPAGENL
Board Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Payroll	<input type="checkbox"/> PPASKIL	<input type="checkbox"/> PPACERT

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