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
☐ **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 ☐ Resignation ☐ Retirement ☐ Other ☐ **TEMPORARY CHANGE(S)** ☐ Additional Assignment (P/T Classified Employees) ☐ Administrative Leave ☐ Change of hours/months ☐ Percentage of Full-Time ☐ Increase from _____ to _____ ☐ Decrease from _____ to _____ ☐ Substitute/Interim (Out-of-Class) ☐ 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: $_____
	EXPLANATION OF CHANGE (attach additional documentation if necessary):	

_____ _____ _____ _____
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

_____ _____ _____ ☐ Denied ☐ Banner
Human Resources Signature Date Board Date ☐ Approved ☐ Payroll

**Reviewed by President's Cabinet on: _____

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