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
☐ **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.: _____
☐ **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	***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

_____　1/8/21
VP of assigned Division Signature　　Date

_____
Chief Compliance & Budget Officer Signature　　Date

_____
HR Technician Signature　　Date

_____
VP, Human Resources 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: _____