

MT. SAN ANTONIO COLLEGE EMPLOYEE CHANGE OF STATUS

Employee Name: _____ BANNER ID: _____
Effective Date of: 2/10/21 *Effective End Date: 6/30/21
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	Job Title: <u>Program Account Technician</u> Department: <u>School of Continuing Education</u> Account No: <u>17421-420020-211000-493000</u> Percentage: <u>63.74%</u> Account No: <u>11000-421500-211000-493062</u> Percentage: <u>25%</u> Total Hours/Week: <u>40</u> Number of Months: <u>12</u> Days of Week: <u>5</u> Shift Hours: <u>8-5</u>	Job Title: <u>Program Account Specialist</u> Department: <u>School of Continuing Education</u> Account No: <u>17421-420020-211000-493000</u> Percentage: <u>63.74%</u> Account No: <u>11000-421500-211000-493062</u> Percentage: <u>25%</u> Total Hours/Week: <u>40</u> Number of Months: <u>12</u> Days of Week: <u>5</u> Shift Hours: <u>8-5</u>
	<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: \$ _____
<input type="checkbox"/> TEMPORARY CHANGE(S) (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 checked="" type="checkbox"/> Substitute/Interim (Out-of-Class) <input type="checkbox"/> Other	<u>EXPLANATION OF CHANGE (attach additional documentation if necessary):</u> Additional account # 17421-410508-211000-493087 11.26% Out of class assignment is to substitute for Sharon deLaby who is retiring. Her last working day is February 9, so this assignment is needed starting February 10, 2021. Requesting to use account # 11000 410000 232000 601000 2100 for additional salary expense.	

Madelyn Arballo *Madelyn A. Arballo*
Manager (Print name and sign)

2/8/21
Date

HR Technician Signature Date

Steve Malmgren
VP of assigned Division Signature

2/10/21
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: _____