

APPROVED

President's Cabinet

February 2, 2021

MT. SAN ANTONIO COLLEGE

EMPLOYEE CHANGE OF STATUS

Employee Name: Donald Lee

BANNER ID: A02751942

Effective Date of Change: 01/04/2021

*Effective End Date: 06/30/2021

☐ Classified ☐ Confidential ☐ Faculty ☐ Supervisory ☒ Manager

TYPE OF ACTION(S)	FROM	TO
<input type="checkbox"/> PERMANENT CHANGE(S)	Job Title: <u>Custodian</u>	Job Title: <u>Interim Super/Sec. Custodial Svcs</u>
<input type="checkbox"/> Account Number	Department: <u>Custodial Services</u>	Department: <u>Custodial Services</u>
<input type="checkbox"/> Departmental Change	Account No: <u>11000 625000 262000 653000</u>	Account No: <u>11000 625000 262000 653000</u>
<input type="checkbox"/> Hours	Percentage: <u>100%</u>	Percentage: <u>100%</u>
<input type="checkbox"/> Months	Account No: _____	Account No: _____
<input type="checkbox"/> Promotion	Percentage: _____	Percentage: _____
<input type="checkbox"/> Reclassification	Total Hours/Week: <u>40</u>	Total Hours/Week: <u>40</u>
<input type="checkbox"/> Shift Change	Number of Months: <u>12</u>	Number of Months: <u>6</u>
<input type="checkbox"/> Add Shift Differential	Days of Week: <u>5</u>	Days of Week: <u>5</u>
<input type="checkbox"/> Remove Shift Differential	Shift Hours: <u>8</u>	Shift Hours: <u>8</u>
<input type="checkbox"/> Other		
<input type="checkbox"/> SEPARATION	BUDGET USE ONLY	BUDGET USE ONLY
<input type="checkbox"/> Dismissal	Position No.: _____	Position No.: _____
<input type="checkbox"/> End of Assignment	Contract No.: _____	Contract No.: _____
<input type="checkbox"/> Lay Off		
<input type="checkbox"/> Resignation	HUMAN RESOURCES USE ONLY	HUMAN RESOURCES USE ONLY
<input type="checkbox"/> Retirement	Range: Step: _____	Range: Step: _____
<input type="checkbox"/> Other	Longevity: _____	Longevity: _____
<input checked="" type="checkbox"/> TEMPORARY CHANGE(S)	Differential: _____	Differential: _____
<input type="checkbox"/> Additional Assignment	Job FTE: _____	Job FTE: _____
<input type="checkbox"/> (P/T Classified Employees)	Pay Rate: \$ _____	Pay Rate: \$ _____
<input type="checkbox"/> Administrative Leave		
<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		
	EXPLANATION OF CHANGE (attach additional documentation if necessary):	

Kenneth McLean / Yvonne McLean 01/06/2021
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

Human Resources Signature

Date

Board Date

☐ Denied ☐ Banner
☐ Approved ☐ Payroll

**Reviewed by President's Cabinet on: _____