APPROVED
President's Cabinet
May 11, 2021

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: _____

☐ **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
	BUDGET USE ONLY
	
	Position No.: _____
	
	Contract No.: _____
	
	HUMAN RESOURCES USE ONLY
	Range, Step: _____
	Longevity: _____
	Differential: _____
	Job FTE: _____
	Pay Rate: $_____
		BUDGET USE ONLY
		
		Position No.: _____
		
		Contract No.: _____
		
		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   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 <u>MUST</u> be Board Approved <u>PRIOR</u> 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: _____