## **APPROVED**

President's Cabinet September 1, 2020

## MT. SAN ANTONIO COLLEGE EMPLOYEE CHANGE OF STATUS

Change:       □ Classified       □ Confidential       □ Faculty       □ Manager         TYPE OF ACTION(S)       FROM       TO         □ PERMANENT CHANGE(S)       Job Title:       □ Job Title:       □ Department:       □ Departmen	ty □ Manager		BANNER ID: *Effective End Date:			
TYPE OF ACTION(S)  PERMANENT CHANGE(S)  Account Number  Department:  Department:  Department:  Department:  Department:  Percentage:  Account No:  Percentage:  Account No:  Reclassification  Percentage:	•	dential ⊔ Faculty L	ssified   Confide	hange:		
□ PERMANENT CHANGE(S) Job Title:	ТО		İ			
□ Account Number     □ Department:     □ Department:       □ Department   Department:     □ Department:       □ Hours     Account No:     Account No:       □ Months     Percentage:     Percentage:       □ Promotion     Account No:     Account No:       □ Reclassification     Percentage:     Percentage:	Job Title:		Job Title:			
☐ Hours     Account No:     Account No:       ☐ Months     Percentage:     Percentage:       ☐ Promotion     Account No:     Account No:       ☐ Reclassification     Percentage:	Department:		Department:			
□ Promotion	— Account No:		Account No:	Departmental Change		
□ Promotion	Percentage:	_	Percentage:			
Darcantaga Darcantaga	Account No:		Account No:	] Promotion		
	Percentage:		Percentage:			
				Shift Change  □ Add Shift Differential		
	Total Hours/Week:	ek:	Number of Month			
	Number of Months:	uis	Days of Week:			
Days of Week Days of Week	Days of Week: Shift Hours:		Shift Hours			
□ End of Assignment □ Lov Off □ Lov Off						
☐ Lay Off ☐ Release from Probation  Position No.: Position No.:	Position No.:		Position No.:			
☐ Resignation Contract No.: Contract No.:	Contract No.:		Contract No.:			
Retirement  HUMAN RESOURCES USE ONLY HUMAN RESOURCES USE ONLY	LY HUMAN RESOURCES USE ONLY	URCES USE ONLY	HUMAN RESOUR			
□ 39 Month □ Other Range, Step: Range, Step:	Range, Step:		Range, Step:			
— • ·····						
				Additional Assignment		
(P/T Classified Employees)				P/T Classified Employees)		
I I Administrative Leave — — — — — — — — — — — — — — — — — — —						
□ Paid □ Unpaid □ Unpaid □ Pay Rate: \$ Pay Rate: \$	Pay Rate: \$		Pay Rate: \$			
☐ Change of hours/months ☐ Change of hours/months ☐ Change of hours/months	(attach additional documentation if necessary):	N OF CHANGE (atta	<b>EXPLANATION</b>			
□ Percentage of Full-Time						
☐ Increase from to				☐ Increase from to		
□ Decrease from to				☐ Decrease from to		
☐ Substitute/Interim (Out-of-Class)						
□ Other				∃ Other		
			<del></del>	(8:1		
Manager (Print name and sign)  Date  HR Technician Signature  Date	an Signature Date	HR Technician Si	Date	anager (Print name and sign)		
VP of assigned Division Signature Date VP, Human Resources Signature Date	Resources Signature Date	VP, Human Reso	Date	P of assigned Division Signature		
Chief Compliance & Budget Officer Signature Date President/CEO Signature Date	O Signature Date	President/CEO Si	Date	nief Compliance & Budget Officer Signature		
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 state Employee should not work in requested assignment until after Board Approval.  HUMAN RESOURCES USE ONLY	ter than the end of the fiscal year). Id Approved <u>PRIOR</u> to changing the employee's status. Il after Board Approval.	ted end date (no greater tha ar and <u>MUST</u> be Board App ested assignment until after SOURCES USE ONLY	s MUST have a projected cources every fiscal year could not work in requeste HUMAN RESO	A new form must be submitted to Human Res Employee sh		
				<del></del>		
**Reviewed by President's Cabinet on:			,			