

October 27, 2020

**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 |
|--|--|--|
| <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 <input type="checkbox"/> TEMPORARY CHANGE(S) <input type="checkbox"/> Additional Assignment (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 type="checkbox"/> Substitute/Interim (Out-of-Class) <input type="checkbox"/> 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: _____ |
| | <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: \$ _____ |
| | EXPLANATION OF CHANGE (attach additional documentation if necessary): Out of class request for employee out on leave of unknown duration. | |

Sokha Song

Sokha Song

Manager (Print name and sign)

10/27/2020

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 **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
☐ Approved☐ Banner
☐ Payroll☐ Benefits
☐ PPASKIL☐ PPAGENL
☐ PPACERT****Reviewed by President's Cabinet on:** _____