

January 17, 2023

# MT. SAN ANTONIO COLLEGE EMPLOYEE CHANGE OF STATUS

Employee Name:

**BANNER ID:**

**Effective Date of:** 12/01/2022

**\*Effective End Date:**

**Change:**

☒ Classified    ☐ Confidential    ☐ Faculty    ☐ Manager

TYPE OF ACTION(S)	FROM	TO
<input checked="" type="checkbox"/> PERMANENT CHANGE(S) <input type="checkbox"/> Account Number <input type="checkbox"/> Departmental Change <input checked="" 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: Administrative Specialist I Department: Natural Sciences Division  Account No: 211000 Percentage: 100% Account No: Percentage:  Total Hours/Week: 19 Number of Months: 12 Days of Week: Mon - Fri Shift Hours: M - Th 9:30 - 1:30, F 9:30- 12:30	Job Title: Administrative Specialist I Department: Natural Sciences Division  Account No: 211000 Percentage: 100% Account No: Percentage:  Total Hours/Week: 40 Number of Months: 12 Days of Week: Mon - Fri Shift Hours: 7:30 am - 4:30 pm
	<b>BUDGET USE ONLY</b> Position No.: Contract No.:	<b>BUDGET USE ONLY</b> Position No.: Contract No.:
	<b>HUMAN RESOURCES USE ONLY</b> Range, Step: Longevity: Differential: Job FTE: Pay Rate: \$	<b>HUMAN RESOURCES USE ONLY</b> Range, Step: Longevity: Differential: Job FTE: Pay Rate: \$
<input checked="" 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	EXPLANATION OF CHANGE (attach additional documentation if necessary):	

**Denise Bailey** Digitally signed by Denise Bailey  
Date: 2022.11.03 14:53:49 -07'00'

Manager (Print name and sign)

11/3/22

Date \_\_\_\_\_

---

HR Technician Signature

Date \_\_\_\_\_

**Kelly Fowler** Digitally signed by Kelly Fowler  
Date: 2023.01.12 17:36:00 -08'00'

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:**