

MT. SAN ANTONIO COLLEGE
EMPLOYEE CHANGE OF STATUS

Employee Name: ISOMURA, LORALYN BANNER ID: [REDACTED]
Effective Date of: 1/2/25 *Effective End Date: 1/31/25
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 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: Instructional Services Analyst Department: Instruction Account No: 11000-300210-601000 Percentage: 100 Account No: 21100 Percentage: 100 Total Hours/Week: 40 Number of Months: 12 Days of Week: M-F Shift Hours: 8:00 am - 5:00 pm	Job Title: Executive Assistant II Department: Instruction Account No: 11000-300000-660000 Percentage: 100 Account No: 213000 Percentage: 100 Total Hours/Week: 40 Number of Months: 12 Days of Week: M-F Shift Hours: Varies
	BUDGET USE ONLY Position No.: Contract No.:	BUDGET USE ONLY Position No.: Contract No.:
<input checked="" type="checkbox"/> TEMPORARY CHANGE(S) (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 checked="" type="checkbox"/> Substitute/Interim (Out-of-Class) <input type="checkbox"/> Other	HUMAN RESOURCES USE ONLY Range, Step: Longevity: Differential: Job FTE: Pay Rate: \$	HUMAN RESOURCES USE ONLY Range, Step: Longevity: Differential: Job FTE: Pay Rate: \$
EXPLANATION OF CHANGE (attach additional documentation if necessary): This is a temporary Out-of-Class due to the current EAll's LOA - effective 1/2/25 - 1/31/25. Please include the additional Confidential pay grade to this assignment. Thank you.		

Kelly Fowler Manager (Print name and sign) Kelly Fowler VP of assigned Division Signature	Digitally signed by Kelly Fowler Date: 2024.12.20 10:53:44 -08'00'	_____ Date	_____ HR Technician Signature	_____ Date
_____ Chief Compliance & Budget Officer Signature	_____ Date	_____ Date	_____ VP, Human Resources Signature	_____ Date
_____ President/CEO Signature	_____ Date	_____ Date	_____ Date	_____ 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 ☐ Banner ☐ Benefits ☐ PPAGENL
 ☐ Approved ☐ Payroll ☐ PPASKIL ☐ PPACERT

**Reviewed by President's Cabinet on: _____