MT. SAN ANTONIO COLLEGE
EMPLOYEE CHANGE OF STATUS

June 2, 2026

Employee Name: Katalin Gyurindak **BANNER ID:** [redacted]
Effective Date of: 7/1/2026 ***Effective End Date:** 7/31/2026
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: Acting Director, English Language Learners Department: English as a Second Language Account No: 17426-410507-121000-493087-1200 Percentage: 92.51% Account No: 11900-410500-121000-493087-1200 Percentage: 7.49% Total Hours/Week: _____ Number of Months: _____ Days of Week: _____ Shift Hours: _____	Job Title: Acting Director, English Language Learners Department: English as a Second Language Account No: 17417-410500-121000-493087-1200 Percentage: 100% 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.: MAT977 Contract No.: _____ ***HUMAN RESOURCES USE ONLY*** Range, Step: _____ Longevity: _____ Differential: _____ Job FTE: _____ Pay Rate: $_____	***BUDGET USE ONLY*** Position No.: MAT977 Contract No.: _____ ***HUMAN RESOURCES USE ONLY*** Range, Step: _____ Longevity: _____ Differential: _____ Job FTE: _____ Pay Rate: $_____
EXPLANATION OF CHANGE (attach additional documentation if necessary):	Extension for one month from 7/1/26-7/31/26 for the Acting Director, English Language Learners position, which was previously approved for 8/8/24-6/30/26.	

Laura D. Ruiz Manager (Print name and sign)	5/28/26 Date	_____ HR Technician Signature	_____ Date
Madelyn Arballo VP of assigned Division Signature	5/28/26 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:** _____