

**MT. SAN ANTONIO COLLEGE
EMPLOYEE CHANGE OF STATUS**

November 18, 2025

Employee Name: Monica Jones

BANNER ID: [REDACTED]

Effective Date of: 10/23/25

***Effective End Date:** 12/31/25

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 <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 checked="" type="checkbox"/> Substitute/Interim (Out-of-Class) <input type="checkbox"/> Other | Job Title: <u>Administrative Specialist IV</u> Department: <u>Student Services</u> Account No: <u>11000-500000-211000-660000-2100</u> Percentage: _____ Account No: _____ Percentage: _____ Total Hours/Week: _____ Number of Months: _____ Days of Week: _____ Shift Hours: _____ | Job Title: <u>Executive Assistant II</u> Department: <u>Student Services</u> Account No: <u>11000-500000-213000-660000-2100</u> 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.: _____ | | Position No.: _____ | |
| | Contract No.: _____ | | Contract No.: _____ | |
| <u>HUMAN RESOURCES USE ONLY</u> | | <u>HUMAN RESOURCES USE ONLY</u> | | |
| Range, Step: _____ | | Range, Step: _____ | | |
| Longevity: _____ | | Longevity: _____ | | |
| Differential: _____ | | Differential: _____ | | |
| Job FTE: _____ | | Job FTE: _____ | | |
| Pay Rate: \$ _____ | | Pay Rate: \$ _____ | | |
| EXPLANATION OF CHANGE (attach additional documentation if necessary): <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> this out-of-class assignment will be in effect and will conclude either upon <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> return to work or on the specified end date, whichever occurs first. | | | | |

Manager (Print name and sign)

Date

HR Technician Signature

Date

VP of assigned Division Signature

10/23/25
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:** _____