

Name _____ ID # _____ Effect. Date _____ Last Date of Service _____
 of Change _____ Board _____
 Academic _____ Classified _____ Manager _____ Supervisor _____ Confidential _____ Date _____

- | | | |
|----------------------------------|-------------------------------|----------------------------------|
| _____ Staffing Request* | _____ Unpaid Leave of Absence | _____ GL Code Change * |
| _____ New Hire | _____ Return from Leave | _____ FTE Change |
| _____ Transfer | _____ Resignation | _____ Salary Adjustment |
| _____ Schedule Change | _____ Retirement | _____ Department Change |
| _____ Reclassification | _____ Termination | _____ Location Change |
| _____ Out-Of-Class Work | _____ Lay Off | _____ Other |
| _____ Temporary Increase | _____ Categorical Non-Tenure | _____ Temporary Faculty Contract |
| _____ Transfer Position Funding | | |
| _____ First Year Tenure Contract | | |

*Does not need board date.

Explanation: _____

POSITION	FROM	TO
TITLE		
POSITION CODE		
DEPARTMENT		
FTE (Attach work Calendar for >100)		
NO. OF MONTHS		
WORK SCHEDULE		
HRS PER YEAR		
RANGE OR CLASS/STEP		
AMOUNT		
LOCATION		
GL ACCOUNT # & %		
GL ACCOUNT # & %		
GL ACCOUNT # & %		
GL ACCOUNT # & %		

APPROVALS:

Employee (if necessary) _____	Date _____
Department Administrator _____	Date _____
College/Site Business Services _____	Date _____
College President (if necessary) _____	Date _____
Director of Fiscal Services _____	Date _____
Director of Employee Services _____	Date _____