



DEPARTMENT OF HUMAN RESOURCES

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Program/School: \_\_\_\_\_

Complete this portion **ONLY** if there is a change in location, shift or supervisor.

LOCATION CODE CHANGE EFFECTIVE DATE: \_\_\_\_\_

CURRENT SUPERVISOR ID: \_\_\_\_\_ NEW SUPERVISOR ID: \_\_\_\_\_

(Please complete only if applicable.)

**REGULAR LOCATION:**

From: \_\_\_\_\_ To: \_\_\_\_\_

**SHIFT CHANGE**

**PAYROLL LOCATION:**

From: \_\_\_\_\_ To: \_\_\_\_\_

CURRENT SHIFT:  AM  PM

NEW SHIFT:  AM  PM

NEW LOCATION PHONE NUMBER AND EXTENSION: \_\_\_\_\_

**BUDGET CODE CHANGE**

Complete FROM and TO for each budget code being added, deleted or changed. Complete the percentage only for annualized employees.

Effective Date: \_\_\_\_\_

FROM: _____ (Letter and 10 digits) %	TO: _____ (Letter and 10 digits) %
FROM: _____ (Letter and 10 digits) %	TO: _____ (Letter and 10 digits) %
FROM: _____ (Letter and 10 digits) %	TO: _____ (Letter and 10 digits) %
FROM: _____ (Letter and 10 digits) %	TO: _____ (Letter and 10 digits) %
TOTAL: _____ %	TOTAL: _____ %

**Please note: Total must equal 100%**

SUPERINTENDENT'S OFFICE APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

HUMAN RESOURCES APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_