



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: _____