

REQUEST FOR CHANGE IN STATUS

Revised February 2007

DIVISION _____ PROGRAM _____ FUNDING SOURCE _____

Employee's Name: _____

PREVIOUS POSITION INFORMATION (prior to change):

Former Position Title: _____

Former Grade or Level: Grade: _____ **or** Level: _____

Former Job Status: Full-time Part-time Substitute Other _____

Former Classification: Exempt Non-Exempt Hourly Temporary Contract Seasonal

REQUESTED CHANGE (check all that apply):

Schedule Change Site/Loc. Change Supervisor Complete Change In Position

Effective Date of Change: _____

New Title: _____

Supervisor's Name/Title: _____

Level or Grade of Position: Level: _____ **Grade:** _____ **Rate of Pay: \$** _____

Status: Full-time Part-time Substitute Other _____

Classification: Exempt Non-Exempt Hourly Temporary Contract Seasonal

New Position **Replacement Position - formerly held by:** _____

Basic Weekly Work Schedule: Total hours per week: _____ **Total weeks per year:** _____

TIME IN/OUT	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIME IN							
TIME OUT							
Subtract for each shift that has an unpaid break	- .50	- .50	- .50	- .50	- .50	- .50	- .50
TOTAL HOURS							

Staff Person Requesting: _____ Name/Title _____ Date _____

APPROVALS REQUIRED:

_____ Division Director _____ Date _____

_____ HR Manager _____ Date _____

FOR HR OFFICE USE ONLY:

HRG: Is it necessary to notify new program of compliance needs? Yes No **New Intro Period for Position?** Yes No

Driving Certification Health Screening HepB Child Abuse Clearance Fingerprinting D & A Test

HRS: Old Grade Confirmed - Eligible for Benefits With Status Change? No Yes - Benefits notification letter sent

Vacation formula: # of months _____ x # of hours _____ 1.00 1.25 1.66 = _____

Floating Holidays: _____ **Program Holidays:** _____

No Longer Eligible for Benefits: Benefits Ended Yes No COBRA Letter Sent On: _____

