

EMPLOYEE ASSIGNMENT CHANGE FORM

Purpose: This form must be completed for any change in employee assignment for the reasons listed below.

- Section 1 – Employee Information - Completed by Employee’s Supervisor
- Section 2 – Type of Change Requested - Completed by Employee’s Supervisor in Consultation with Human Resources
- Section 3 – Details of Change Requested - Completed by Employee’s Supervisor in Consultation with Human Resources
- Section 4 – Fiscal Impact Statement - Completed by Employee’s Supervisor or Division VP/EVP
- Section 5 – Signatures - Signed by Employee’s Supervisor, Division VP/EVP, Controller, VP of Human Resources
- Section 5 – Notice of Assignment Change– Signed by Employee

SECTION 1: EMPLOYEE INFORMATION

Name: _____ K#: _____

Department: _____ Immediate Supervisor: _____

SECTION 2: TYPE OF CHANGE REQUESTED

Type of Action: ___ Transfer ___ Reassignment ___ Demotion ___ Out of Class/TUP ___ Reclassification
 ___ Increase Hours ___ Decrease Hours

Length of Time: ___ Temporary ___ Permanent

Initiator: ___ Employee ___ District Initiated

SECTION 3: ASSIGNMENT CHANGE DETAILS

FROM Department: _____

Funding: ___ Categorical ___ Grant Fund Title(s): _____

Primary Funding Source (Budget Code): _____ % _____

Secondary Funding Source (Split Position): _____ % _____

Position Number: _____

FTE/Work Calendar: _____ Full-time _____ Part-time / ___ 10mo. ___ 11mo. ___ 12mo.

Current Job Title: _____

Salary Range/Step: _____

TO Department: _____

Funding: ___ Categorical ___ Grant Fund Title(s): _____

Primary Funding Source (Budget Code): _____ % _____

Secondary Funding Source (Split Position): _____ % _____

Position Number: _____

FTE/Work Calendar: _____ Full-time _____ Part-time / ___ 10mo. ___ 11mo. ___ 12mo.

New Job Title: _____

New Supervisor: _____

Salary Range/Step: _____

Beginning Date of New Assignment: _____

Hours Per Week: _____

End Date(If Applicable): _____

SECTION 4: EXPLANATION & FISCAL IMPACT STATEMENT

Please explain the reason for this change and describe the fiscal impact to the District general fund:

What are the implications of not having this position?

SECTION 5: SIGNATURES

Supervisor Signature: _____ Date: _____

New Supervisor Signature: _____ Date: _____

Division VP / EVP Signature: _____ Date: _____

Controller Signature: _____ Date: _____

VP HR Signature: _____ Date: _____

SECTION 6: NOTICE OF EMPLOYEE ASSIGNMENT CHANGE

*Notice of a District transfer or reassignment shall be received by the affected employee and exclusive representative, if any, at least forty-eight (48) hours prior to the effective date of a permanent transfer or reassignment.

Date employee received notice of assignment change: _____

Employee Signature: _____ Date: _____

Once completed, this form is routed as follows: Employee's Supervisor>Division VP/EVP>Controller>Human Resources>Employee>Copy to exclusive representative