

▲ Employee's Current Legal Name	▲ Current Department
▲ Employee's Current Title	▲ Current Location

**Recommended Change:**

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

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

Reason for Change: \_\_\_\_\_  
(Attach Appropriate Documentation)

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

**Corresponding Change in Salary:**

From: \_\_\_\_\_ Grade: \_\_\_\_\_ Step: \_\_\_\_\_

To: \_\_\_\_\_ Grade: \_\_\_\_\_ Step: \_\_\_\_\_

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

**Other Information:**

\_\_\_\_\_

\_\_\_\_\_

**Job II:**

Rate of Pay: \_\_\_\_\_ Budget Code: \_\_\_\_\_

Job Description: \_\_\_\_\_

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

▲ Signature (Person Submitting Change)	▲ Date
▲ Signature (Program Administrator)	▲ Date
▲ Signature (Assistant Superintendent/CTO)	▲ Date
▲ Signature (Director of Personnel & Labor Relations)	▲ Date

**Personnel Department Use Only**

Position #: \_\_\_\_\_ Board Approval Date: \_\_\_\_\_