

Please mark below the appropriate action(s)

- 1 - Approval of Applicant for Regular Classified Employment (New Hire Only)
- 2 - Temporary Second Assignment
- 3A - Shift Differential: Add / Remove
- 3B - Work Schedule Adjustment: Change to Work Hours / Extension / Reduction / Field Training
- 4A - Request for Reassignment/Promotion/Transfer: Temporary / Permanent
- 4B - Authorization for Reclassification: Temporary / Permanent

Worksheet Location

- ARC FM
- CRC FLC
- SCC EWC
- DO Other

 Name _____ Employee ID # _____
(Last) (First) (M.I.)

For 1, 2, 3A & 3B: Job Code# _____ Sub Job Code (if applicable)# _____

Title _____

1 - APPROVAL OF APPLICANT FOR REGULAR CLASSIFIED EMPLOYMENT		
<input type="checkbox"/> New Position	<input type="checkbox"/> Replace for _____	PeopleAdmin Posting # _____ Range/Step(+sd) _____

2 – TEMPORARY SECOND ASSIGNMENT (PAID AT STEP 1)	
Range/Step (+ sd and/or Lng) _____	Hourly Rate \$ _____

3A - SHIFT DIFFERENTIAL – ADD OR REMOVE / 3B – WORK SCHEDULE ADJUSTMENT – HOURS CHANGE/ EXTENSION / REDUCTION / FTO	
Hours/Days New Shift: _____	Range/Step (+ sd and/or Lng) _____ Hourly Rate \$ _____
Hours/Days Current Shift: _____	Range/Step (+ sd and/or Lng) _____ Hourly Rate \$ _____
Amount Differential Rate (if applicable): \$ _____	
Work Schedule Adjustment: Extension: _____ OR Reduction*: _____ = Total Hours: _____	<small>No. of Hours No. of Hours</small>

4A – REASSIGNMENT/PROMOTION/TRANSFER / 4B – RECLASSIFICATION**	
New Job Code # _____ Title _____	
Sub Job Code (if applicable)# _____ Range/Step (+ sd and/or Lng) _____	Hourly Rate (temp change only) \$ _____
Current Job Code # _____ Title _____	
Sub Job Code (if applicable)# _____ Range/Step (+ sd and/or Lng) _____	Hourly Rate (temp change only) \$ _____
Replacement for _____ PeopleAdmin Posting# _____	Difference (temp change only) \$ _____
** If temporary, will 100% of employee's work be in the reassigned/reclassified position? Yes No (if No, timesheet is required)	

EFFECTIVE DATES: From _____ To _____

BUDGET #(S):

 Budget #: _____
Account Fund Org/GL Dept ID Program Proj/Grant %

 Budget #: _____
Account Fund Org/GL Dept ID Program Proj/Grant %
WORK SCHEDULE:
 8:00 am – 4:30 pm, M-F **OR** Other: _____

 12-Month 11-Month 10-Month 9-Month Number of Hours per Week _____

 Time sheets will be submitted: **OR** Time sheets will **not** be submitted: Supervisor _____

SIGNATURE AND PRINTED NAME: _____ **DATE:** _____
Vice President of Administration or DO/FM Manager

To be completed by District Human Resources:		Temp assignment - MQ: _____	Board Approval Date: _____
Range/Step (+sd/Lng): _____	Salary Rate: _____	Percentage: _____	FTE: _____ Retirement Plan: _____
PeopleAdmin#: _____	/PeopleSoft#: _____	Date Processed: _____	Record #: _____ Completed: _____

***Reduction of hours must be voluntary or treated as a layoff. If this is a voluntary reduction of hours, a Leave of Absence form must be submitted.**