

BAY-ARENAC INTERMEDIATE SCHOOL DISTRICT
EMPLOYEE CHANGES

Employee Name:

Position Title:

Current Department:

Program/Location:

CHANGES:

Effective Date:

<input type="checkbox"/> DEPARTMENT:	From: To:	New Acct. #: Comments:
<input type="checkbox"/> JOB/TITLE:	From: To:	New Acct. #: Comments:
<input type="checkbox"/> SITE/LOCATION:	From: To:	New Acct. #: Comments:
<input type="checkbox"/> Shift (1st. 2nd. 3rd.): <input type="checkbox"/> Hours	From: To:	Comments:
<input type="checkbox"/> Rate of Pay:	From: To:	Comments:
<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Change: <input type="checkbox"/> Phone	From: To:	Address: Phone: Comment:
<input type="checkbox"/> Other:	From: To:	New Acct. #: Comments:
<input type="checkbox"/> Do these changes affect REP?	New Assignment Code:	New Credential Code:

Reason For Change:

- Name, Address, Phone, Certif./Degree
- Promotion Transfer Merit Increase Length of Service Increase
- Date Board's contributions for Life/Health/Vision/Dental Insurance ends:
- Other (state reason)

Additional Comments:

Authorized by: _____ Date: _____
(Department Head)

Reviewed by: _____ Date: _____
(Director, Human Resources)

Reviewed by: _____ Date: _____
(Director, Administrative Services)

All Employee Change Forms MUST be signed by the Director of Human Services and the Director of Administrative Services prior to approval

Approved by: _____ Date: _____
(Superintendent or Designee)

- Human Resources
- Payroll
- Department