

**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