



*Nicola Parr, Ed.D.*  
County Superintendent

## EMPLOYEE/POSITION CHANGE

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Employee Name: \_\_\_\_\_

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

Location Change From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Position Control # \_\_\_\_\_ New Position Control # \_\_\_\_\_

Teacher: \_\_\_\_\_ Room #: \_\_\_\_\_

Work Hours (to/from): \_\_\_\_\_ Phone #: \_\_\_\_\_

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### For Position Only Change:

Position Control #: \_\_\_\_\_

Location From: \_\_\_\_\_ To: \_\_\_\_\_

To Be Completed by HR:  
☐ Position Change HRA

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### Authorized Signatures:

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Superintendent,  
Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_  
(or designee)

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