

EMPLOYEE/POSITION CHANGE

Employee Name:		
Location Change From: To: New Position Control # New Position Control # Room #: Phone #: Phone #: Phone #: To: To: To: To: To: To: To: To: To: Authorized Signatures:	Employee Name:	
Previous Position Control # New Position Control # Teacher: Room #: Work Hours (to/from): Phone #: For Position Only Change: Position Control #: Location From: To: To Be Completed by HR: Position Change HRA	Effective Date:	
Teacher: Room #: Work Hours (to/from): Phone #: For Position Only Change: Position Control #: Location From: To: To Be Completed by HR: Position Change HRA	Location Change From:	To:
Work Hours (to/from): Phone #: For Position Only Change: Position Control #: Location From: To: To Be Completed by HR: O Position Change HRA	Previous Position Control #	New Position Control #
For Position Only Change: Position Control #: Location From: To: To Be Completed by HR: O Position Change HRA	Teacher:	Room #:
Position Control #: Location From: To Be Completed by HR: Position Change HRA Authorized Signatures:	Work Hours (to/from):	Phone #:
Position Control #: Location From: To Be Completed by HR: Position Change HRA Authorized Signatures:		
Location From: To: To Be Completed by HR: O Position Change HRA Authorized Signatures:	For Position Only Change:	
To Be Completed by HR: o Position Change HRA Authorized Signatures:	Position Control #:	
Position Change HRA Authorized Signatures:	Location From:	To:
Immediate Supervisor: Date:	Authorized Signatures:	
	Immediate Supervisor:	Date:
Department Head: Date:	Department Head:	Date:
Associate Superintendent, Human Resources: (or designee) Date:	Human Resources:	Date: