

LOS RIOS COMMUNITY COLLEGE DISTRICT

Please Print / Type

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

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

Title

1 - APPROVAL OF APPLICANT FOR REGULAR CLASSIFIED EMPLOYMENT

New Position Replace for Req # 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:

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 Req # 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 %

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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: Vice President of Administration or DO/FM Manager DATE:

To be completed by District Human Resources: Temp assignment - MQ: Board Approval Date:
Range/Step(+sd/Lng): Salary Rate: Percentage: FTE:
Req#: /Position#: Date Processed: Record #: Initials: