

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

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 _____ PeopleAdmin Posting # _____ 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: _____
No. of Hours No. of 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 _____ PeopleAdmin Posting# _____ 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	%
Budget #:	Account	Fund	Org/GL Dept ID	Program	Proj/Grant	%

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

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