

**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 &amp; 3B: Job Code# \_\_\_\_\_ Sub Job Code (if applicable)# \_\_\_\_\_

Title \_\_\_\_\_

<b>1 - APPROVAL OF APPLICANT FOR REGULAR CLASSIFIED EMPLOYMENT</b>		
<input type="checkbox"/> New Position	<input type="checkbox"/> Replace for _____	PeopleAdmin Posting # _____ Range/Step(+sd) _____

<b>2 - TEMPORARY SECOND ASSIGNMENT (PAID AT STEP 1)</b>	
Range/Step (+ sd and/or Lng) _____	Hourly Rate \$ _____

<b>3A - SHIFT DIFFERENTIAL – ADD OR REMOVE / 3B – WORK SCHEDULE ADJUSTMENT – HOURS CHANGE/ EXTENSION / REDUCTION / FTO</b>	
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: _____ <b>OR</b> Reduction*: _____ = Total Hours: _____	<small>No. of Hours                      No. of Hours</small>

<b>4A – REASSIGNMENT/PROMOTION/TRANSFER / 4B – RECLASSIFICATION**</b>	
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) \$ _____
<b>** If temporary, will 100% of employee's work be in the reassigned/reclassified position?    Yes    No (if No, timesheet is required)</b>	

**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

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

\*Reduction of hours must be voluntary or treated as a layoff. If this is a voluntary reduction of hours, a Leave of Absence form must be submitted.