

CHANGE OF ASSIGNMENT

(Please send completed form to the Personnel Department As Soon As Possible)

DATE: _____

NAME _____
Last First Middle

CURRENT POSITION _____ DEPARTMENT/BUILDING _____

CURRENT HOURS PER DAY _____ SHIFT- FROM _____ TO _____ DAYS PER WEEK _____

SWARTZ CREEK EMPLOYEE EDUSTAFF EMPLOYEE

NEW POSITION _____

NEW HOURS PER DAY _____ SHIFT - FROM _____ TO _____ DAYS PER WEEK _____

RATE OF PAY _____ REPLACING: _____

EFFECTIVE DATE OF CHANGE _____

SUPERVISOR SIGNATURE _____ TITLE _____