

# PERSONNEL SERVICES

## Change of Status Request Form

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Site

Type of Change	
<input type="checkbox"/> <b>Position Change</b>	
_____ Current Position	_____ New Position
<input type="checkbox"/> <b>Percentage Change</b>	
_____ Current Percentage	_____ New Percentage
<input type="checkbox"/> <b>100% Leave of Absence</b>	
<b>Reason for change request:</b>	
_____	
_____	

\_\_\_\_\_  
Start Date of Change

\_\_\_\_\_  
End Date of Change

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent of Personnel

\_\_\_\_\_  
Date

**Route to:**

- [ ] Payroll
- [ ] Benefits