

GUSTINE UNIFIED SCHOOL DISTRICT

CHANGE OF PAYROLL STATUS

DATE: _____ Employee # _____

NAME: _____

JOB CLASSIFICATION: _____
(Enter Job Title or Stipend Title)

BUDGET ACCOUNT #: _____
(Enter budget number)

REASON FOR CHANGE: _____

JOB START DATE: _____ JOB STOP DATE: _____

TOTAL SALARY (Stipend, Hourly, Monthly) \$ _____
(Check one) *(Enter dollar amount)*

EMPLOYEE: _____ DATE: _____
(Employee Signature) *(Today's Date)*

APPROVED BY: _____

PRINCIPAL: _____ DATE: _____
(Administrator's Signature) *(Today's Date)*

SUPERINTENDENT: _____ DATE: _____
(Superintendent or Designee Signature) *(Today's Date)*