## **CHANGE OF EMPLOYMENT/POSITION/BUDGET STATUS**

Name of Employee:	
This Change of Employment Status is:    Voluntary    In-Voluntary	
Change of Employment Status Date Effective:	
Current Position and Budget info:	
TRANSFERRING FROM:	
Current Job Title:	☐ Full-time ☐ Part-time
Current Location:	
Current Supervisor:	
Current Rate of Pay:	
TRANSFERRING TO:	
New Job Title:	.     Full-time   Part-time
Position previously held by:	_
New Location:	_
New Supervisor:	-
New Rate of Pay:	_
Source of Funding:	_
Budget Line:	_
Change Position and Budget to:	
Administrator's Signature:	Date:
Superintendent's Signature:	
Human Resources entered:	Date:

Form COE