GUSTINE UNIFIED SCHOOL DISTRICT

CHANGE OF PAYROLL STATUS

DATE: _____   Employee # _____

NAME: _____

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

BUDGET ACCOUNT #: _____
(Enter Job Title or Stipend Title)

REASON FOR CHANGE**:** _____

_____

_____

_____

JOB START DATE: _____ JOB STOP DATE: _____

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

ACCEPTED BY:

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)*

Revised 7/2015