

Name \_\_\_\_\_ ID # \_\_\_\_\_ Effect. Date of Change 7/1/2015 Last Date of Service \_\_\_\_\_ Board \_\_\_\_\_

Academic  Classified  Manager  Supervisor  Confidential  Date 4/28/2015

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Staffing Request*          | *Does not need board date.                       |   |
| <input type="checkbox"/> New Hire                   | <input type="checkbox"/> Unpaid Leave of Absence | <input type="checkbox"/> GL Code Change *           |
| <input type="checkbox"/> Transfer                   | <input type="checkbox"/> Return from Leave       | <input type="checkbox"/> FTE Change                 |
| <input type="checkbox"/> Schedule Change            | <input type="checkbox"/> Resignation             | <input type="checkbox"/> Salary Adjustment          |
| <input type="checkbox"/> Reclassification           | <input type="checkbox"/> Retirement              | <input type="checkbox"/> Department Change          |
| <input type="checkbox"/> Out-Of-Class Work          | <input type="checkbox"/> Termination             | <input type="checkbox"/> Location Change            |
| <input type="checkbox"/> Temporary Increase         | <input type="checkbox"/> Lay Off                 | <input checked="" type="checkbox"/> Other           |
| <input type="checkbox"/> Transfer Position Funding  | <input type="checkbox"/> Step Increase*          | <input type="checkbox"/> Longevity*                 |
| <input type="checkbox"/> First Year Tenure Contract | <input type="checkbox"/> Categorical Non-Tenure  | <input type="checkbox"/> Temporary Faculty Contract |

Explanation: Eliminate classification

POSITION	FROM	TO
TITLE		Program Specialist
POSITION CODE		8ADRX0225C
DEPARTMENT		A&R
FTE (Attach work Calendar for <100)		100%
NO. OF MONTHS		12
WORK SCHEDULE		Mon-Fri; 8:00am-5:00pm
HRS PER YEAR		2080
RANGE OR CLASS/STEP		89
AMOUNT (salary + long + fringe %)		
LOCATION		EVC
GL ACCOUNT # & %		10-1324-00000-52110 100%
GL ACCOUNT # & %		
GL ACCOUNT # & %		

**APPROVALS:**

Employee (Except for GL changes) _____	Date _____
Department Administrator _____	Date _____
College/Site Business Services _____	Date _____
College President or VP _____	Date _____
Director of Fiscal Services _____	Date _____
Director of Human Resources _____	Date _____

**HUMAN RESOURCES USE ONLY**

PROCESSED AND REVIEWED BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_