SHORELINE PUBLIC SCHOOLS
Human Resources

CHANGE OF STATUS RECOMMENDATION (PS 101)

Certificated: ☐ **Classified:** ☐ **DATE:** _____

Employee #:	Employee's Name (Last):	(First):

Reason For Change Request				
☐	Additional Assignment	☐	Layoff/RIF	Effective:
☐	Change of Department or Location	☐	Leave of Absence	Effective:
☐	Change of Hours/FTE	☐	Resignation	Effective:
☐	Change of Position	☐	Retirement	Effective:
☐	Salary Increase	☐	Terminated	Effective:
☐	Adjustment to Budget Number	☐	Death	Date:
☐	Rollover	☐	Other:	
☐	New Hire	☐		
☐	Overload Teacher's Name:	☐		

CURRENT	NEW
Position:	Position:
Hours per day/FTE:	Hours per day / Days per year/FTE:
Rate of pay:	Rate of pay:
Account #:	Account #:
Location:	Location:
	Effective Date:

COMMENTS			
Benefits Effective Date:		**Benefits End Date:**	

Recommended: _____ Approved: _____

Signature of Administrator/Supervisor — Human Resources Signature

Distribution after approval: ❑ **White:** Human Resources ❑ **Yellow:** Payroll ❑ **Pink:** Originator

HR FORM: PS 101 8/07