

Office of Christine Lizardi Frazier
Kern County Superintendent of Schools
Advocates for Children
CERTIFICATED - CHANGE OF STATUS

Employee Information

Name: _____ SSN/ID# _____ DOB: _____
Address: _____ City: _____, CA ZIP: _____

Employment Status/Change

Leave of Absence FMLA/CFRA End LOA/FMLA/CFRA Resigned Retired Terminated*
 Other* _____

Effective Date of Change: _____ Last Day Worked: _____
*Reason for Change: _____

Position Change Information

Position/Budget Change Change in work days/hours Change in pay rate Other _____
Stipend: Add Remove Type: Location Non-Residential RSP E.D. Class Lead Teacher Car (Admin)

Reason for Change: _____
Position #: _____ Position Title: _____

Effective Dates: _____ to _____ Hrs/Day: _____ Days/Wk: _____
Place of Assignment: _____ Dept/Program: _____

Budget Account(s)/Percentages:
_____%
_____%

If your current budget does not contain funding for this position, describe the funding source and the amount required.

Completed by Human Resources

Does the changes indicated require a contract adjustment? Yes No HR Initials: _____
Credentials Approval: Yes No Credentials Initials: _____
Credential/Type: _____ Exp. Date: _____

REQUIRED SIGNATURES: To be obtained in order listed.

Program Director: _____ Date: _____
Administrator: _____ Date: _____
H/R Administrator: _____ Date: _____
Is this appointment covered by the current budget? ___Yes ___No
Budget Review: _____ Date: _____
CBO: _____ Date: _____
Assoc/Asst. Superintendent: _____ Date: _____
Timekeeper Payroll Retirement Personnel File Program/Department