

Office of Christine Lizardi Frazier
Kern County Superintendent of Schools
Advocates for Children
CLASSIFIED – CHANGE OF STATUS

Employee Information

Name: _____ SSN/ID# _____ DOB: _____
Address: _____ City: _____ CA ZIP: _____
Employment Type: Regular Classified Exempt Non-Mgmt Management Administrative

Employment Change Status

Status change: Promotion Transfer WOC Leave of Absence FMLA/CFRA
 End WOC/FMLA/LOA Resigned Retired Terminated* Other* _____
Last Day Worked: _____ *Reason for Change: _____

Position Information

Position #: _____ Position Title: _____
Dept/Program: _____ Supervisor: _____
Place of Assignment: _____ Hrs/Day: _____ Days/Wk: _____
Effective Dates: _____ to _____ Authorize Hepatitis B vaccination: Yes No
Budget Account(s)/Percentages:
_____%
_____%

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

Salary Information (Completed by HR)

Pay Schedule: 9 Pay 10 Pay 11 Pay 12 Pay Employee eligible for: _____% office paid benefits
Employee eligible for: _____% longevity
Current: Schedule/Range #: _____ Step: _____ Monthly Amt: _____ Hourly Rate: _____
Eff: _____ Sch/Rng#: _____ Step: _____ Monthly Amt: _____ Hourly Rate: _____
Equal Pay Calculation: _____ days x _____ hrs x hourly rate _____ = _____

Does the changes indicated require a day count calculation? Yes No HR Initials: _____

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