



**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES DEPARTMENT**

Change in Personnel/Employment Status

Name: _____ Present Classification: _____

Employee ID Number: _____ Department: _____ Location: MC OC VC DSC

I acknowledge the following amendment to my employment status:

1. CHANGE IN EMPLOYMENT STATUS:

FROM: _____		_____	_____
Position Title		Department	Location
Work Hours	Prescribed Work Week	Months Per Year	Budget Account No(s).

If part-time, percentage of time worked: _____ Supervisor: _____

TO: _____		_____	_____
Position Title		Department	Location
Work Hours	Prescribed Work Week	Months Per Year	Budget Account No(s).

If part-time, percentage of time worked: _____ Supervisor: _____

2. EFFECTIVE DATES: Date of Change: (From) _____ (To) _____
(Must be completed for all *temporary* changes)

3. REASON FOR CHANGE:

Employee Signature

Date

Approved: _____
Supervisor

Date

Approved: _____
College President/Chancellor

Date

For Human Resources Office Use Only

Type of Change: _____

Salary Schedule # _____ Step _____

Monthly Base Pay: \$ _____ Mos _____ % _____

Differential(s) Pay: \$ _____ Type: _____
(If any) Pay: \$ _____ Type: _____

PCN/Banner Posn. # _____

Total Monthly Salary: _____

Effective Date: _____

Approved: _____
Human Resources

Date: _____

Board Approval Required: _____ Yes _____ No

Date Approved: _____

