

Foothill-De Anza Community College District  
Office of Human Resources & Equal Opportunity

Contract Employee Assignment Change Form

Employee Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Division: \_\_\_\_\_ Campus: \_\_\_\_\_ Position #: \_\_\_\_\_

| <u>Reason For Change (check appropriate reason)</u>  | <u>Start Date</u> | <u>End Date</u> |
|--|-------------------|-----------------|
| _____ <b>Leave Of Absence or Partial Leave Of Absence</b><br>_____ <b>% Unpaid Leave Of Absence</b><br>{Affects vacation maximum – contact Human Resources<br>(ext. 6222) for further information}               | _____             | _____           |
| _____ <b>Differential</b> Add _____ Delete _____<br><b>Division Assistant</b> _____ <b>Executive Head</b> _____<br><b>Swing</b> _____ <b>Grave</b> _____ <b>Weekend</b> _____                                    | _____             | _____           |
| _____ <b>Contract Change</b> FTE _____ Months _____<br><b>From:</b> _____ <b>To:</b> _____<br>(Indicate number of months or FTE)<br><b>Permanent</b> _____ <b>Effective Date</b> _____<br><b>Temporary</b> _____ | _____             | _____           |
| _____ <b>Other</b> _____<br>_____  | _____             | _____           |
| _____ <b>Change Account Code From:</b><br><b>Account #</b> _____ <b>Percentage</b> _____<br><b>Account #</b> _____ <b>Percentage</b> _____   | _____             | _____           |
| _____ <b>Change Account Code To:</b><br><b>Account #</b> _____ <b>Percentage</b> _____<br><b>Account #</b> _____ <b>Percentage</b> _____   | _____             | _____           |

\_\_\_\_\_  
Employee's Signature Date Administrator's Signature Date

\_\_\_\_\_  
Campus Administrator's Signature Date Human Resources Signature Date

|                                     |
|-------------------------------------|
| <u>For Human Resources Use Only</u> |
|-------------------------------------|