

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Office of Human Resources & Equal Opportunity

Contract Employee Assignment Change Form

Last Name: _____ First Name: _____ CWID: _____

Division/Dept: _____ Campus: _____ Position No.: _____

REASON FOR CHANGE (Check appropriate reason):

(Permanent Change: End Date = Ongoing; Temporary Change: End Date = Specific Date)

	<u>Start Date</u>	<u>End Date</u>				
___ Leave of Absence or Partial Leave of Absence (for classified staff only) Unpaid Percentage: ____%	_____	_____				
___ Differential Add ____ Delete ____ Swing ____ Grave ____ Weekend ____	_____	_____				
___ Contract Change: Change FTE%: From: ____% To: ____% Change # of Months: From: ____ To: ____	_____	_____				
___ Change Home Division Code: From ____ To: ____ (three characters, i.e. 1BH or 2CA)	_____	_____				
___ Change Home Department Code: From ____ To: ____ (6 numbers, i.e. 110001 or 222001)	_____	_____				
___ Change FOAP(s) (Total "From" and "To" % should each = 100%)	_____	_____				
From:	<u>Index</u>	<u>Fund</u>	<u>Organization</u>	<u>Account</u>	<u>Program</u>	<u>Percentage (%)</u>
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
To:	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
___ Reasons/Notes:	_____					

Signatures:

1. _____	_____	2. _____	_____
Employee	Date	Manager/Dean	Date
3. _____	_____	4. _____	_____
Campus Budget Office	Date	Area Vice President	Date
5. _____	_____	6. _____	_____
Vice President - Finance	Date	President	Date
7. _____	_____	8. _____	_____
District Budget Office Director	Date	HR Director/Vice Chancellor	Date

Acceptors:

HR Specialist, Faculty Date Or _____
HR Specialist, Classified&Management Date

For Human Resources Use Only