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.: _____

DURATION

Permanent Change: End Date = Ongoing *Temporary Change: End Date = Specific Date*

Start Date: _____ End Date: _____

REASON FOR CHANGE (Check appropriate reason)

☐ **Leave of Absence or Partial Leave of Absence** *(for classified staff only)* Unpaid Percentage: _____ %

☐ **Differential** ☐ Add ☐ Delete ☐ Swing ☐ Grave ☐ Weekend ☐ Specialty _____

☐ **Contract Change**

Change FTE %: From: _____ % To: _____ % Change # of Months: From: _____ To: _____

☐ **PT to Temp FT Faculty**

Reason: ☐ Higher Enrollment ☐ Unfilled ☐ Categorical Fund ☐ Backfill: Faculty Name: _____

☐ **Position Transfer:** New Position No/Title: _____ Exiting Administrator Initial: _____

☐ **Change Home Division Code:** *(three characters, i.e. 1BH or 2CA)* From: _____ To: _____

☐ **Change Home Department Code:** *(six numbers, i.e. 110001 or 222001)* From: _____ To: _____

☐ **Change FOAP(s)** *(Total "From" and "To" % should each = 100%)*

From:

Index	Fund	Organization	Account	Program	Percentage (%)

To:

Index	Fund	Organization	Account	Program	Percentage (%)

☐ **Reasons/Notes:** _____

SIGNATURES

Employee	Date	Dept/Division Administrator	Date
Campus Budget Office	Date	Area Vice President/Area Vice Chancellor	Date
Vice President - Finance	Date	President	Date
District Budget Office Director	Date	HR Director/Vice Chancellor of HR and EEO	Date

HUMAN RESOURCES USE ONLY

HR Specialist _____ Date _____

Ed Code: _____ Position No: _____

_____ Initial Placement: Column _____ Step _____

_____ Revised Placement: Column _____ Step _____