

Employee to complete and Fax to Human Resources at (916) 983-5932.

(PLEASE PRINT)

<b>EMPLOYEE NAME:</b>			
<b>CHANGE(S)</b>	<b>PRESENT STATUS:</b>	<b>▶ CHANGE TO:</b>	
<input type="checkbox"/>	FULL-TIME:		
<input type="checkbox"/>	PART-TIME:		
<input type="checkbox"/>	HOURS PER DAY:		
<input type="checkbox"/>	HOURS PER WEEK:		
<input type="checkbox"/>	POSITION:		
<b>▶ REASON FOR CHANGE:</b>			
<b>▶ REQUESTED EFFECTIVE DATE:</b>			

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**APPROVALS (REQUIRED)**

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HUMAN RESOURCES DIRECTOR

\_\_\_\_\_  
DATE

COMPLETED BY HUMAN RESOURCES

COMPANY:

EE#

cc: Payroll