n a s s a u

DEPARTMENT OF HUMAN RESOURCES

Employee Name: _____ Job Title: _____

Employee ID#: _____ Program/School: _____

Complete this portion ONLY if there is a change in location, shift or supervisor.

LOCATION CODE CHANGE EFFECTIVE DATE: _____

CURRENT SUPERVISOR ID: _____ NEW SUPERVISOR ID: _____

(Please complete only if applicable.)

REGULAR LOCATION

From: _____ To: _____ SHIFT CHANGE

PAYROLL LOCATION CURRENT SHIFT AM PM

From: _____ To: _____ NEW SHIFT AM PM

NEW LOCATION PHONE NUMBER AND EXTENSION: _____

BUDGET CODE CHANGE

Complete FROM and TO for each budget code being added, deleted or changed. Complete the percentage only for annualized employees.

Effective Date: _____

(Letter and 10 digits) %	TO: _____ _____ (Letter and 10 digits) %
FROM: _____ _____ (Letter and 10 digits) %	TO: _____ _____ (Letter and 10 digits) %
FROM: _____ _____ (Letter and 10 digits) %	TO: _____ _____ (Letter and 10 digits) %

SUPERINTENDENT K & & .. a''ë –ø#DD M B ž a''ë / e„A„ÞìCV S B Aå0C9)%csyÐÞRÒOM: _____