

PERSONNEL CHANGE NOTICE
(Complete and Send to KAREN PIERCE, Central Office)

Employee Name: _____ **Employee #** _____

SS# _____ **Department/Campus:** _____

TYPE OF CHANGE(S) – mark ONLY those that apply:

Name _____ **Address** _____ **Telephone #** _____ **Terminated/Resigned** _____
Campus _____

Transfer ____ **Job Title** _____ **Salary/Wage** _____ **New Hire** _____ **Payroll**
Deduction ____

From: _____ **To:** _____

New Phone # _____

Reason for Change (ONLY if applicable): _____

Effective Date of Change: _____

COMMENTS: _____

Employee Signature: _____ **Date:** _____

Administrator’s Signature: _____ **Date:** _____
(if necessary)

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FOR CENTRAL OFFICE USE ONLY:

ROUTE TO: **Personnel** _____ **Kim** _____
Insurance _____ **Principal** _____
Payroll _____

Superintendent’s Signature _____ **Date:** _____
(if necessary)