## 

Effective Date for Change:

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## Notice of Promotion/Reassignment

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| Employee Information |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | | | | | |  |  | |  | | | **Last**  Please give a detailed explanation as to the reason for the change. If more information is needed, please attach a memo. | **First** | **Date** | |  |  | |  |  | | | | | | |  |  | | | | | |  |  | |  |  | | | | | |  |  | |  |  | | | | | |  |  |  | | --- | --- | |  |  | |  | Note: Background check will need to be completed for all positions except Cook I and Cook II. Employee cannot begin new position until a background check is completed unless background check was completed at a time of original hire. | |
| Please select the type change: |
| **Timebase** Revised: 9/9/15(Full-Time/Part-Time)  **Transfer**     |  |  | | --- | --- | |  |  |   From   |  | | --- | |  |   To   |  |  | | --- | --- | |  |  |   From   |  | | --- | |  |   To   |  |  | | --- | --- | |  |  |   From   |  | | --- | |  |   To |
| **Increase**   |  |  | | --- | --- | |  |  |   Old Rate:   |  | | --- | |  |   New Rate:   |  |  | | --- | --- | |  |  |   Old Rate:   |  | | --- | |  |   New Rate:   |  |  | | --- | --- | |  |  |   From   |  | | --- | |  |   To  **Promotion** |
|  |

APPROVAL: (Timebase requests to Full-Time require ED approval)

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Associate Director – Print Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Executive Director – Print Name Signature Date