##

Effective Date for Change:

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## Notice of Promotion/Reassignment

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| Employee Information |
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|  | **Last**Please give a detailed explanation as to the reason for the change. If more information is needed, please attach a memo.  | **First** | **Date** |
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|  | 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. |

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|  Please select the type change: |
| [ ] **Timebase** Revised: 9/9/15(Full-Time/Part-Time) [ ]  **Transfer**

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To |
| [ ] **Increase**

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New Rate:

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Old Rate:

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To[ ] **Promotion**  |
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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