



# Employee Change Form FTE or Transfer

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Does Employee have assignments at two locations? YES NO

Position Location 1: \_\_\_\_\_ Location 1: \_\_\_\_\_ Location 1 FTE: \_\_\_\_\_

Position Location 2: \_\_\_\_\_ Location 2: \_\_\_\_\_ Location 2 FTE: \_\_\_\_\_

**EFFECTIVE DATE OF CHANGES:** \_\_\_\_\_

**Location 1:**

**Location 2:**

FTE Change Increase Decrease FTE Change Increase Decrease

New FTE/Hours: \_\_\_\_\_ New FTE/Hours: \_\_\_\_\_

Is this a **Position Transfer**?

No Yes New Position Title: \_\_\_\_\_ New FTE/Hours: \_\_\_\_\_

New Location: \_\_\_\_\_ Person being replaced: \_\_\_\_\_

Justifications of transfer or change in position:  
\_\_\_\_\_  
\_\_\_\_\_

The employee has been notified of this change: No Yes

Funding Source: \_\_\_\_\_

\_\_\_\_\_  
Administrator Approval Date

\_\_\_\_\_  
Business Department Approval Date

\_\_\_\_\_  
Teaching and Learning Approval Date

\_\_\_\_\_  
Human Resources Approval Date

<b>OFFICE USE ONLY:</b>			
Status Sheet	Board Packet	Tech Dept.	FTE Check