

Request to Change Classified Personnel - _____ - _____ SCHOOL YEAR

SCHOOL _____

Employee Name	Present Assignment	Total Hours	Assignment Changed To	Hours (From-To)	Total Hours	Total Assignment Hours	Effective Date
<i>Mr. Example</i>	<i>Custodian</i>	<i>8</i>	<i>Custodian</i>	<i>8:00-11:00 12:00-3:00</i>	<i>6</i>	<i>6</i>	<i>8/18/14</i>

Principal's Signature _____

Date _____



Signature of Human Resources Administrator _____

Date Approved _____

Date Copy Submitted to Finance Department _____