

CHANGE OF STATUS FORM

EMPLOYEE NAME:	DATE:
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Present Position: (include hours and program: Regular Education, Title 1, Special Education, GT, Food Service, Custodian, Bus Driver, Secretary, etc.)

***Proposed Change in Position and/or hours:**

Effective date of change: _____ **Duration of change** _____

Comments: _____

All signatures below must be complete before the change is implemented. The signature indicates approval of change.

Program Director	Principal	Superintendent
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**Keep a copy at the building level.
Route the original from director to principal to superintendent.**

*** Complete form on back of this page indicating exact schedule.**