Foothill-De Anza Community College District Office of Human Resources & Equal Opportunity

Contract Employee Assignment Change Form

| Employee Name: | | SSN; (last 4 digits | SSN; (last 4 digits) | |
|--|---|---------------------------|----------------------|--|
| Division: | Campus: | Position #: | Position #: | |
| Reason For Change (check app | propriate reason) | Start Date | End Date | |
| % Unpaid Leav | - contact Human Resources | | | |
| Differential Ad Division Assistant Swing Grave | Executive Head | | | |
| From:(Indicate number | To: Months To: of months or FTE) ffective Date | _ | | |
| Other | | | | |
| | From: Percentage Percentage | | | |
| | Percentage | | | |
| Account # | | | | |
| | | | | |
| Employee's Signature | Date | Administrator's Signature | Date | |
| Campus Administrator's Signa | | Human Resources Signature | Date | |
| | <u>For Human Resou</u> | rces Use Only | | |