

Pasadena Area City College District  
Office of Human Resources  
**REQUEST FOR CHANGE OF ASSIGNMENT**

Employee \_\_\_\_\_

Department \_\_\_\_\_

Academic

- Tenured
- Contract
- Temporary
- Management

Classified

- Monthly
- Acting
- Substitute

Current Assignment

Title	Range	Percent	Months

New Assignment

Title	Range	Percent	Months

**REASON FOR CHANGE:**      **EFFECTIVE DATE OF CHANGE:** FROM \_\_\_\_\_ TO: \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Termination<br><input type="checkbox"/> Resignation<br><input type="checkbox"/> Retirement<br><input type="checkbox"/> Termination<br><input type="checkbox"/> End of Assignment<br><input type="checkbox"/> Deceased | <input type="checkbox"/> Leave of Absence<br><input type="checkbox"/> Sabbatical<br><input type="checkbox"/> Unpaid<br><input type="checkbox"/> Suspension<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Change of:<br><input type="checkbox"/> Classification<br><input type="checkbox"/> Title change<br><input type="checkbox"/> Assignment (monthly only)<br><input type="checkbox"/> Salary<br><input type="checkbox"/> Percentage (monthly only)<br><input type="checkbox"/> Voluntary (requires signature of employee) |
|--|---|---|

- 
- Involuntary
  - Labor distribution (see below)
  - Hours/Shift Differential (specify under "Remarks" below)

**LABOR DISTRIBUTION ASSIGNMENT (S) – 14 DIGITS REQUIRED**

Current Assignment	New Assignment
%	%
%	%
%	%

REMARKS: \_\_\_\_\_

**AUTHORIZATION:**

_____	_____
Cost Center Manager	Date
_____	_____
Asst. Sup./ Vice President	Date
_____	_____
Vice President, Human Resources	Date

**Office Use Only**

Position Control No. \_\_\_\_\_ Entered: \_\_\_\_\_

Distribution by Human Resources after approvals have been obtained: Fiscal Services/Payroll