

Pasadena Area City College District
Office of Human Resources

Request For Additional / Change Of Assignment
Short-Term/Substitute

Important: This form should **only** be used to change or add an assignment for a current Short-Term/ Substitute. If there is a break in service or a classification change (*example: not worked for a semester or employee is switching from Student Worker to Short-Term/ Substitute*), a new Request for New Employment of Short-Term/ Substitute Form needs to be completed. If you are unsure, please contact the Human Resources Office for assistance at (626) 585-7388.

Employee (Last Name, First)

Employee ID #

Employee Telephone #

Employee Email Address

Contact Person _____ Ext. _____ Department _____

Additional Assignment

Add Assignment(s)

_____ EMP#: _____

_____ EMP#: _____

Working Title: _____ Pay Rate: _____ Effective Date: _____

Will this additional assignment result in the employee working over an average of 30 hours per week (Note: Combine hours for **all** assignments worked, if applicable)? Yes _____ No _____

Change of Assignment

From: _____ **To:** _____ EMP#: _____

CHANGE OF PAY RATE

Working Title: **From:** _____ **To:** _____

Pay Rate: **From:** _____ **To:** _____

Effective Date: _____

Will this change of assignment result in the employee working over an average of 30 hours per week (Note: Combine hours for **all** assignments worked, if applicable)? Yes _____ No _____

Please Note: Employees cannot start employment until the Human Resources Office approves their assignment. HR will send an email approval to the Cost Center manager indicating the effective date.

By signing this document, I certify that I have adequate funding in my budget to accommodate this expenditure (including any employer mandated costs (FICA, paid sick leave, etc.)

Cost Center Manager's Name _____ Signature _____ Date _____

To Be Completed by Fiscal Services

Position Control # _____	Job Class # _____	Work Location # _____
Budget Approval _____	Date _____	Budget Reference # _____

To Be Completed by Human Resources

Director, Human Resources Signature _____	Date _____	Authorized Start Date _____
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