

EMPLOYEE STATUS CHANGE FORM

Department of Human Resources

Name of Employee _____ SSN: _____ - _____ - _____

License/Certificate Area _____ E-Mail Address _____

Job Title _____ If teaching, grade? _____ Fulltime _____ Part-time _____

Location: _____ Telephone _____ Cell # _____

CLASSIFIED STAFF

This is to verify that I understand my position has been changed or eliminated and I have been notified of one of the following: *(All classified staff who are declared surplus must participate in the appropriate surplus placement process for their classification):*

- My position (FTE/HRS) has been decreased from _____ hours to _____ hours for the _____ - _____ school year and I am agreeing to stay in the reduced position. I understand that I am taking a voluntary demotion.
- My assignment for the _____ - _____ school year has changed from _____ to _____.
- My funding source for the _____ - _____ school year has changed from _____ to _____.
- My school is being (circle one) **FRESH STARTED** **MERGED** and I am being declared surplus. I understand that I am still eligible to go through the surplus placement process.
- My position has been eliminated and I am being surplussed and will go through the surplus placement process.
- I am not a paraprofessional and I am not Highly Qualified. Failure to provide the district of my HQ status may result in my termination.
- Programmatic/ Curriculum Needs
- I understand that my employment status will be changed to unassigned due to one of the following (circle one):
NON-FMLA Eligibility **Labor Relations** **Other** (provide reason on back of form)

LICENSED/CERTIFICATED STAFF

This is to verify that I understand my position has been changed or eliminated and I have been notified of one following:

- My teaching assignment for the _____ - _____ school year has changed from _____ to _____ replacing _____.
- My school is being (circle one) **FRESH STARTED** **MERGED** and I am being declared surplus. I understand that I am still eligible to go through the surplus placement process.
- A position has been eliminated in my school and I am being surplussed. I am the least senior teacher in my assignment. I will participate in the voluntary transfer process and if needed, the surplus placement process.
- A position has been eliminated in my school; as a senior teacher, I am volunteering to be surplussed. I will participate in the voluntary transfer process and if needed, the surplus placement process.
- I was hired in a vacancy generated after September 15, and I am being declared surplus. I will participate in the voluntary transfer process and if needed, the surplus placement process.
- A position is being declared surplus due to coaching needs at my location.
- I am not Highly Qualified or endorsed in the area for which I teach.
- Programmatic/ Curriculum Needs

Comments: _____

 Employee Signature

 Date

 Principal/Administrator Signature

 Date

**Route to the Division of Human Resources, Room 164
 or Fax to the Department of Human Resources 416-6459**