

Classified Staff - Change in Status Form

Employee Last Name (print): _____ First Name (print): _____

Current Position: _____ Building/Department: _____

New Position: _____ Building/Department: _____

Is this change an increase or a decrease in hours/days? Check one: Increase / Decrease Check one: Hours / Days

Employee's current hours/days per week: _____ Total number of hours/days per week due to change: _____

Reason for change: _____

Effective date: ___/___/____. Is this change temporary or permanent? Check one: Temporary Permanent

If this change is temporary, list the date range employee will be working the additional hours: ___/___/____ - ___/___/____

If this change is permanent, will the employee work 20 hours or more per week? Check one: Yes No. If yes, employee will be required to participate in the Missouri Public School Retirement System. PSRS/PEERS will contact the employee for enrollment information.

If this change is permanent, will the employee work 30 hours or more per week? Check one: Yes No. If yes, the employee is eligible for district benefits. The employee must contact HR for enrollment paperwork.

Administrator signature: _____ Date: _____

Please route to Human Resources

Human Resources use only:	Current Range and Step employee is on:	Range: _____	Step: _____
	New Range and Step employee will move to:	Range: _____	Step: _____
Business Services use only:	Verify Range: _____	Step: _____	Account: _____