



EMPLOYEE STATUS CHANGE FORM

Lakeland Central School District



Employee Information:

Last Name:	First Name:	Date:
------------	-------------	-------

Current Position (Check One):

<input type="checkbox"/> Certified (LFT) Subject/Grade:	<input type="checkbox"/> Administrator (ALAC)	<input type="checkbox"/> Non-Represented Administrative
CSEA: <input type="checkbox"/> Aide <input type="checkbox"/> Clerical/Typist <input type="checkbox"/> Custodial/Maintenance <input type="checkbox"/> Bus Driver <input type="checkbox"/> Food Services <input type="checkbox"/> Monitor <input type="checkbox"/> Other		

Current Position Information (FROM):

New Position Information (TO):

JOB/TITLE:	JOB/TITLE:
------------	------------

LOCATION 1: ____ % ____ LOCATION 2: ____ % ____	LOCATION 1: ____ % ____ LOCATION 2: ____ % ____ Reason: <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Involuntary Transfer
--	---

<input type="checkbox"/> Full-time (F/T) FTE: ____ Hours: ____ <input type="checkbox"/> Part-time (P/T) FTE: ____ Hours: ____ <input type="checkbox"/> 10-Month <input type="checkbox"/> 12-Month Short <input type="checkbox"/> 12-Month	<input type="checkbox"/> Full-time (F/T) FTE: ____ Hours: ____ <input type="checkbox"/> Part-time (P/T) FTE: ____ Hours: ____ <input type="checkbox"/> 10-Month <input type="checkbox"/> 12-Month Short <input type="checkbox"/> 12-Month
---	---

<input type="checkbox"/> Probationary <input type="checkbox"/> Provisional <input type="checkbox"/> Contingent <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Tenured	<input type="checkbox"/> Probationary <input type="checkbox"/> Provisional <input type="checkbox"/> Contingent <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Tenured
--	--

<input type="checkbox"/> Temporary Leave Replacement (Temp) FTE: ____ DATES: From: ____ To: ____	<input type="checkbox"/> Temporary Leave Replacement (Temp) FTE: ____ DATES: From: ____ To: ____
---	---

Degree Level: ____ Step: ____ Pay Checks: <input type="checkbox"/> 20 <input type="checkbox"/> 24 Rate of Pay: \$ ____ per ____	Degree Level: ____ Step: ____ Pay Checks: <input type="checkbox"/> 20 <input type="checkbox"/> 24 Rate of Pay: \$ ____ per ____
---	---

ACCOUNT CODE #1: ____ DISTRIBUTION: ____ % ACCOUNT CODE #2: ____ DISTRIBUTION: ____ %	ACCOUNT CODE #1: ____ DISTRIBUTION: ____ % ACCOUNT CODE #2: ____ DISTRIBUTION: ____ %
--	--

Separation From Service Due To:	<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Deceased
---------------------------------	---

EFFECTIVE DATE(S) OF CHANGE OF STATUS:

COMMENTS:	
-----------	--

VERIFICATIONS/AUTHORIZATIONS:

(1) Principal and/or Department Head Authorization _____ Date _____	(4) Benefits/Systems Processor Input _____ Date _____
(2) Personnel Clerk Verification #1 _____ Date _____	(5) Personnel Clerk Verification #2 _____ Date _____
(3) Assistant Superintendent for Human Resources Authorization _____ Date _____	(6) Payroll Verification _____ Date _____