

USD 265 Goddard Public Schools

CLASSIFIED JOB CHANGE INFORMATION

EMPLOYEE NAME: _____

DATE: _____

CURRENT POSITION: _____

CURRENT SALARY: \$ _____ per hour

HOURS PER DAY: _____ HOURS PER WEEK: _____

NEW POSITION: _____

DATE OF CHANGE: _____

NEW SALARY: \$ _____ per hour

HOURS PER DAY: _____ HOURS PER WEEK: _____

Notes:

_____ Supervisor	_____ Date	Approved	Disapproved
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_____ Assistant Superintendent of Human Resources	_____ Date	Approved	Disapproved
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Accounting Use:

T/A Chg:Loc. ____ Apta: Job/Loc Chg ____ Acct Code: ____ Fringe Change: Y/N ____ \$ ____ Infinity HR ____

Benefit Bal Chg: ____ T/A ____ APTA ____