

HUNTINGTON BEACH CITY SCHOOL DISTRICT
CLASSIFIED EMPLOYEE ACTION REPORT

SEND COMPLETED FORM TO HUMAN RESOURCES (IF SP.ED. RELATED, SEND FORM TO SP.ED. DEPARTMENT)

Employee Name: _____ Employee ID No. _____

Position: _____ Site: _____ Effective Date: _____

NAME & ADDRESS CHANGES	FROM	TO
Name Change		
Address Change		
Telephone Change		

CHANGES IN HOURS	FROM	TO
Increase/Decrease in Hours ***	_____ Hrs/day or _____ Hrs/week	_____ Hrs/day or _____ Hrs/week
Revised Work hour Schedule***		
Account Code Changes (if applicable)		

*** These changes require the Employee's signature and appropriate signatures below before routing to HR or SE.

I understand and agree to the changes above: _____
Employee _____ Date _____

<input type="checkbox"/> RECLASSIFICATION	<input type="checkbox"/> ADDITIONAL ASSIGNMENT (complete "TO" sections)	<input type="checkbox"/> OUT-OF-CLASS
<input type="checkbox"/> POSITION CHANGE (complete "From & "TO" sections) Replacing: _____		
	FROM	TO
Position		
Site/Department		
Account Code(s)		
Assigned hours	_____ As needed _____ Hrs/day or _____ Hrs/week	_____ As needed _____ Hrs/day or _____ Hrs/week
Work Hours (Actual start/ending times)		
HUMAN RESOURCES INPUT:	HR to Complete:	HR to Complete:
	Range: Step: Pay Rate:	Range: Step: Pay Rate:
HR2.0 INPUT:	PN: _____ FTE: _____	PN: _____ FTE: _____
Input dates: HR _____ Payroll _____ Acctg _____ Benefits _____		

Date Site Administrator/Authorized Signature Director/Special Services (if applicable)