

Employee Name:	EE ID:	EE NUM:
Section 1: Status Change		Effective Date:
☐ New Position/Title:		☐ Adding Second Job (please go to Section 3)
Status: ☐ FT to PT ☐ PT to FT New Category: ☐ 12-mor	nth 44-week (10-month)	☐ School Year Only
New Location: ☐ Upper School ☐ Middle School ☐ Lower School	ol 🖵 Boynton 🖵 Winches	ster Dept.Update:
New Shift Schedule (ex: MonFri., 4-6 p.m.)		
Position Start Date:Position End Date:	Paycom Supervisor:	
HR USE ONLY: Position Family:		
Section 2: Additional Compensation/Pay Rate Change		Paydate to be paid:
Explanation:		
Total Amount to be Paid: \$ Charge New Hourly Pay Rate:		
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Section 3: Secondary Jobs - Multiple supervisors hiring the same Total hours of work per week between multiple jobs must meet bu		nt departments must sign this form.
Shift Schedule (ex: MonFri., 4-6 p.m.)		
Start Date: Hourly Rate:	Supervisor:	
Job Title:	Dept:	
Location: Upper School Middle School Lower School Lower School	Union	
☐ Replacement:		
Manager Signature:		Date:
Secondary Manager Signature:		Date:
HR Signature:		Date: