

NOTICE OF CHANGE FORM – STAFF

Program: Amer. Lakes Dry Creek Regency Park
 Central Office Jefferson Ridgepoint
 C.O. Food Program Natomas Other
 Crest Drive North Highlands

Employee Name: _____

Type of Change: Hours Name* Emergency Info* Additional Site
 Days Address* Leave (see Staff Handbook) Additional Rate
 Position Phone* Medicare Eligible Other
 Site Change Marital Status Termination

Change Effective Date: _____

Temporary Change Dates: _____ -- _____

If temporary change, date returning to regular schedule: _____

Details: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

*** When name, address, phone or emergency info change – employee MUST complete a new staff emergency form**

FOR OFFICE USE ONLY

1. If this is a change of position, whom is this person replacing? _____
2. If this is a termination of employment, does this position need to be filled? YES NO
3. Job Title: _____
4. Days/Hours: _____ Hourly rate of pay: _____
5. Other: _____

SEND ALL 3 COPIES TO THE CENTRAL OFFICE FOR APPROVAL