

BLOOMINGTON PUBLIC SCHOOLS  
Office of Human Resources

**CHANGE OF STATUS**

Name \_\_\_\_\_ Employee # \_\_\_\_\_

Effective Date \_\_\_\_\_ Department(s)/Area(s) \_\_\_\_\_

**Current Authorization**

**Proposed Authorization**

Position: \_\_\_\_\_

Location: \_\_\_\_\_

Hours/Days: \_\_\_\_\_ / \_\_\_\_\_

Salary: \_\_\_\_\_

Budget code: \_\_\_\_\_

Rationale: \_\_\_\_\_

I have been informed of the above change.

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_

\_\_\_\_\_  
Signature of First Supervisor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Second Supervisor \_\_\_\_\_ Date \_\_\_\_\_

***APPROVALS:***

Dept/Bldg Administrator \_\_\_\_\_ Date \_\_\_\_\_

HR Approval \_\_\_\_\_ Date \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Salary Class \_\_\_\_\_ Step \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Date of Employment \_\_\_\_\_