## This form can be obtained in Human Resources. Do not use this sample.

## **Mendocino County Office of Education**

Job Assignment: ( ) New Hire ( ) Change ( ) Annual ( ) Short-Term

Social Security #	Position Control #			Fiscal Year		
				Effective I	Dates	
Name			<del></del>			
Last First		Mi	ddle	From	То	
Leave RequestsPay Rate Changes— MaternityStep IncrementLongeving— Child RearingAnniversaryReclass— Without PayOther:Negotiang— FMLANegotiang		evity Issification	Name Change Change of Hours Change of Months Change of Days	s Status Change		
Change from:		Appoir	ntment or Change to			
Job Title		_ Job Title	Job Title			
Program Location		Program	Program Location			
SALARY: Longe	Longevity		SALARY: Longevity			
Range Step MA		_ Range	Range Step MA			
Hrs per Day Days per Year			Hrs per Day Days per Year			
Rate: PerHr PerMth PerDay		Rate: PerI	Ir PerMth -	PerI	Day	
Position Status:			Position Status:			
CLASSIFIED CERTIFICATED MANAGEMENT Part-Time		Part Full Prob Tem Conf Grar	CLASSIFIED CERTIFICATED MANAGEMENT Part-Time			
Fund Resource Object School Goal Function FD RS PY OBJ SCH GL FC	n Dist Def DD %		Resignation/	Гermination		
		Но	ages/Opportunity Elsewh ealth/Pregnancy/Family nsuccessful Probation	ere Retire Disch Other	arged	
		Health Be	nefits: ( ) Yes ( ) No	( ) FT ( ) PT		
		Payroll:	( ) Regular ( )	Supplemental		
Business Office Only			Remarks: Reason for Request/Recommendation (Use attachment if			
Total Hours Per Day		necessary)				
Total Work Days						
Holidays						
Vacation Days			assified Employee	Γ	Date	
Floater Days						
Total Days Contract Amount			r/Evaluator	D	ate	
Monthly Payment for Months			ead	D	ate	
Daily/Hourly Rate			Superintendent/Human	aan Resources Date		

White — Business Office;