



# Itawamba County School District

## CHANGE OF STATUS FORM

**SEND to Board Clerk**

Date: \_\_\_\_\_

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

Legal Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Full- Time

Part-Time

If part-time, will employee work less than 30 hrs. per week?

Yes

No

**Please fill out only the portions that are applicable to the change your are requesting:**

**Position/# of Days Change**

**Location Change**

Current Position/# of Days Employed: \_\_\_\_\_

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

New Position/# of Days Employed: \_\_\_\_\_

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

Employee being replaced: \_\_\_\_\_

**Salary Changes (only complete what is applicable)**

Current Hourly Rate/Annual Salary: \_\_\_\_\_ Current Salary Schedule/Step: \_\_\_\_\_

Requested Hourly Rate/Annual Salary: \_\_\_\_\_ Requested Salary Schedule/Step: \_\_\_\_\_

**Approved:**

\_\_\_\_\_  
Current Supervisor/Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reassigned Supervisor/Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

---

**District Office Only**

Salary of Old Position: \_\_\_\_\_ Days Worked/Budget Days: \_\_\_\_\_ Earned Wage: \_\_\_\_\_

Salary of New Position: \_\_\_\_\_ Days worked/Budget Days: \_\_\_\_\_ Earned Wage: \_\_\_\_\_

Adjusted Combined Salary: \_\_\_\_\_ Monthly Payroll Change Begins: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Coding: \_\_\_\_\_

\_\_\_\_\_  
Business Office/Date