

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

**REQUEST FOR POSITION CHANGE FORM**

**Current Position:**

**Position Control No.** \_\_\_\_\_

Classification/Title \_\_\_\_\_ Percent of Full-Time \_\_\_\_\_

Budget Account No. \_\_\_\_\_

Employee Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Position Type                      Academic                      Classified                      Management

**Requested Position Change:**

Classification/Title Change.....(follow the classification review process for classified positions.)

Academic Reassigned Time                      Yes                      No                      Semester                      Fall                      Spring

Percentage of Reassigned Time \_\_\_\_\_ %                      Effective Date \_\_\_\_\_

Duty Days                      Yes                      No                      From \_\_\_\_\_ Days                      To \_\_\_\_\_ Days                      **(Attach New Calendar)**

Other Assignment Change                      Yes                      No                      Effective Date \_\_\_\_\_

Location                      Yes                      No                      From \_\_\_\_\_ To \_\_\_\_\_

Budget Transfer                      Yes                      No                      New Account No. \_\_\_\_\_

**Reason For Reassigned Time/Assignment Change:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Vice President**                      **Date**                      **President**                      **Date**

**Authorization:**

\_\_\_\_\_  
**Vice Chancellor Fiscal Services**                      **Date**                      **Vice Chancellor Human Resources**                      **Date**