



# Fayette County Public Schools

Family – Optimism – Courage – Unity – Service

Dr. Marlon D. King  
Superintendent

## Change of Status Form

Employee Name: \_\_\_\_\_

Social Security # (last 4 digits): \_\_\_\_\_

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

Replacing: \_\_\_\_\_

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

### REASON FOR CHANGE: (please check all that apply)

Regular Time       Interim       Pay Increase  
 Part Time       Temporary       Promotion       Transfer       Other

Resignation Effective Date: \_\_\_\_\_  Discharge Effective Date: \_\_\_\_\_

Name Change: \_\_\_\_\_

Phone Number Change: \_\_\_\_\_ (circle one) Home Cell

Address Change: \_\_\_\_\_  
(Submit W-4 Form)

### LEAVE OF ABSENCE:

FMLA       Workers Comp       Other; explain: \_\_\_\_\_

Other: beginning \_\_\_/\_\_\_/\_\_\_\_\_ - ending \_\_\_/\_\_\_/\_\_\_\_\_

### Status Change

Location Change (Transfer) From \_\_\_\_\_ To \_\_\_\_\_

Position Change      From \_\_\_\_\_ To \_\_\_\_\_

Line Distribution Change \_\_\_\_\_

Other reason or explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized By: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_