



Wild Rose Public Schools
CAAMSE Staff Hours &/or Distribution Change

Employee Name: _____

Location: _____ **Position:** _____

Type of Change: ___ Increase or ___ Decrease

Current Assigned Hours per Year: _____

Current FTE of Assignment: _____

Effective Date of Change: _____

FTE changes will occur the 1st of the month following notice

Total new assigned hours from effective date to last working day: _____

“...the FTE for part time employees shall be recalculated when the number of assigned hours is increased or decreased by an amount greater than an average of four (4) hours per week.”

Please provide reason for hours change and provide backup documentation (i.e. approval of additional hours):

GL Coding for total hours:

	ECS	General	Admin	PUF	Total Hours
	200	300	310	210	
Number of Hours per GL code					

 Signature - School Principal

 Date

For DO Use Only:

HR Supervisor Approval _____

Date: _____