



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

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**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 1<sup>st</sup> 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):**

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**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: \_\_\_\_\_