

# REQUEST TO CHANGE A POSITION

## Diocese of Sacramento — Human Resources Services

Current Job Title: \_\_\_\_\_

(\*Note: Current job description must be attached to this form)

Current Rate of Pay \_\_\_\_\_

Current Appointment Type:

Full-time Employee – Specify if 35 or 40 hours per week: \_\_\_\_\_

Part-time Employee – Specify number of hours per week: \_\_\_\_\_

Occasional Part-time Employee – Specify number of hours per week: \_\_\_\_\_

Temporary Employee – Specify expected period of employment: \_\_\_\_\_

Independent Contractor: \_\_\_\_\_

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New Job Title: \_\_\_\_\_

(\*Note: Revised job description must be attached to this form)

Proposed New Rate of Pay (if applicable) \_\_\_\_\_

New Appointment Type:

Full-time Employee – Specify if 35 or 40 hours per week: \_\_\_\_\_

Part-time Employee – Specify number of hours per week: \_\_\_\_\_

Occasional Part-time Employee – Specify number of hours per week: \_\_\_\_\_

Temporary Employee – Specify expected period of employment: \_\_\_\_\_

Independent Contractor: \_\_\_\_\_

Desired effective date: \_\_\_\_\_

\_\_\_\_\_  
Hiring Supervisor

\_\_\_\_\_  
Date

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### **Authorizations**

\_\_\_\_\_  
Human Resource Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Chancellor

\_\_\_\_\_  
Date

Approval:  Yes  No

**NOTES:**

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

*The Hiring Supervisor is responsible for completion of this form. The request will then be sent to Human Resources Director for the approval process **PRIOR** to creating any changes to the existing position.*