

REQUEST FOR BOARD ACTION CONTRACT ADJUSTMENT FOR FACULTY PERSONNEL (PAYROLL 01)

Employee's Name _____

Social Security Number _____

Salary Classification _____

Class _____ Step _____

CONTRACT ADJUSTMENT

Terms of Contract

Increase From _____ % To _____ % _____ (Beginning Date) _____ (Ending Date)
 (Percent of Contract)

Decrease From _____ % To _____ % _____ (Beginning Date) _____ (Ending Date)
 (Percent of Contract)

Reason for Adjustment:

Leave of Absence

_____ (Type of Leave) _____ (Effective Date) _____ (Percent of Contract)

Resignation

_____ (Effective Date)

Retirement

_____ (Effective Date)

Rescind Previous Action

_____ (Personnel Action To Be Rescinded)

_____ (Date Board Approved Original Action)

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College Personnel Officer	Date
College President/Designee	Date
Chancellor/Designee	Date
Approved by the Board of Trustees	Date