

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

REQUEST FOR POSITION CHANGE FORM

Current Position:

Position Control No. A291304

Classification/Title Counselor EOPS

Percent of Full-Time 100

Budget Account No. 01-13-02-8209-0200-1283.00-6430 / 01-13-02-8209-0201-1283.00-6430

Employee Name Troylynn Dial

Soc. Sec. No. _____

Position Type

Academic

Classified

Management

Requested Position Change:

Classification/Title Change.....(follow the classification review process for classified positions.)

Academic Reassigned Time

Yes

No

Semester

Fall

Spring

Percentage of Reassigned Time _____ %

Effective Date _____

Duty Days

Yes

No

From _____ Days

To _____ Days

(Attach New Calendar)

Other Assignment Change

Yes

No

Effective Date

07/01/2010

Location

Yes

No

From EOPS

To Counseling

Budget Transfer

Yes

No

New Account No.

01-00-02-8214-0000-1283.00-6310 - 64%

01-00-02-8202-0000-1283.00-6330

36%

Reason For Reassigned Time/Assignment Change:

Move counselor from EOPS counselor position to counselor position under general counseling at CHC

Rebecca Warren Markert
Vice President

4/26/10
Date

Gloria M. Hanson
President

Date

Authorization:

Vice Chancellor Fiscal Services

Date

Vice Chancellor Human Resources

Date