



COAHOMA COMMUNITY COLLEGE
CHANGE OF STATUS

Date _____

Current Information

Name _____ Social Security Number _____ Pin# _____

Position _____ Department _____

Current Salary _____ Fund Number _____

College Employee High School Employee Special Project ABE/GED
Full-time Part-time Hourly Temporary Retiree

New Information (Continuing Employment/Change in Compensation)

New Salary Amount _____ Position _____
(New Position Only)

9 Months 10 Months 11 Months Twelve

New Monthly Rate _____ New Hourly Rate _____

Full-time Part-time Hourly Temporary Probationary

Effective Date: From _____ To _____

Reason: _____

Transfer Information

From: Department _____ Position _____ Former Salary _____

To: Department _____ Position _____ New Salary _____

Reason: _____

Effective Date: From _____ To _____

Recommended by: _____ **Date** _____

Approve Disapprove

Dean/Director _____

Business Manager _____

President _____