

Monterey County Office of Education
Human Resources
Employee Changes Notification to Department

New Employee: Name: _____ Phone #: _____
Position Title: _____ Employment Date: _____

Resignation/Separation: Employee Name: _____ Date: _____

Promotion/Transfer: Employee Name: _____
Position Title: _____ Start Date: _____

Classified Certificated Management:

Leave of Absence: Employee Name _____
Leave start date: _____ Expected Return Date: _____

Address Change: Employee Name _____ Effective Date: _____
New Address: _____ City/St/Zip: _____

Name Change: Previous: _____ New: _____
(CC: Payroll)