

Fruitport Community Schools  
**Payroll Status Change Authorization**

Name:	
Address:	
Effective Date:	
Seniority Date:	
Outside Experience Granted:	(professional staff only)

Change From:

Change To:

Position		
Wage Rate		
Hours per day		
Location		
Start Date		
Salary Acct. Number		
Degree		

Remarks:

- Hired
- Promotion
- Transfer
- Layoff
- Probation period completed
- Other

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Supervisor/Superintendent Signature:	Date:

Business Office Signature:	Date: