



**BRIGHTON AREA SCHOOLS
STATUS CHANGE FORM (Existing Employees Only)
Employee Information**

Name: _____	ID#: _____
Address: _____	
City/State/Zip: _____	Phone: _____

New or Additional Assignment/Termination

Position: _____	Building/Location: _____			
Hours per Day: _____	Days per Week: _____	Hours per Week: _____	Pay Rate: _____	
Affiliation:	BEA <input type="checkbox"/>	BESPA <input type="checkbox"/>	Non-Affiliated <input type="checkbox"/>	EduStaff <input type="checkbox"/>
Reason for Change: _____				
Account#: _____	Effective Date: _____			

Previous Assignment

Position: _____	Building/Location: _____			
Hours per Day: _____	Days per Week: _____	Hours per Week: _____	Pay Rate: _____	
Affiliation:	BEA <input type="checkbox"/>	BESPA <input type="checkbox"/>	Non-Affiliated <input type="checkbox"/>	EduStaff <input type="checkbox"/>
Account#: _____				

Administrator Signature

Date

Human Resource Approval

Date
