

Pasadena Area City College District  
Office of Human Resources

**REQUEST FOR ADDITIONAL / CHANGE OF ASSIGNMENT (INSTRUCTIONAL AIDE)**

**IMPORTANT:** This form should **ONLY** be used to change or add an assignment for a current Instructional Aide. If there is a break in service or a classification change (*example: not worked for a semester or employee is switching from Student Worker or College Assistant to Instructional Aide*), a new Request for New Employment of an Instructional Aide Form needs to be completed. If you are unsure, please contact the Human Resources Office for assistance at (626) 585-7388.

\_\_\_\_\_  
Employee (Last Name, First) Social Security # \_\_\_\_\_  
\_\_\_\_\_  
Employee Telephone # Employee Email Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Ext. \_\_\_\_\_ Department \_\_\_\_\_

**ADDITIONAL ASSIGNMENT**

**Add Assignment(s)**

\_\_\_\_\_ 2410 \_\_\_\_\_ EMP#: \_\_\_\_\_  
\_\_\_\_\_ 2410 \_\_\_\_\_ EMP#: \_\_\_\_\_

Working Title: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Will this additional assignment result in the employee working over an average of 30 hours per week (Note: Combine hours for **all** assignments worked, if applicable)? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHANGE OF ASSIGNMENT**

**From:** \_\_\_\_\_ 2410 \_\_\_\_\_ **To:** \_\_\_\_\_ 2312 \_\_\_\_\_ **EMP#:** \_\_\_\_\_

**CHANGE OF PAY RATE**

Working Title: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Pay Rate: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Effective Date: \_\_\_\_\_

Will this change of assignment result in the employee working over an average of 30 hours per week (Note: Combine hours for **all** assignments worked, if applicable)? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE NOTE: Employees cannot start employment until the Human Resources Office approves their assignment. HR will send an email approval to the Cost Center manager indicating the effective date.**

**By signing this document, I certify that I have adequate funding in my budget to accommodate this expenditure (including any employer mandated costs (FICA, paid sick leave, etc.))**

Cost Center Manager's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY FISCAL SERVICES**

\_\_\_\_\_  
**Position Control #** Job Class # \_\_\_\_\_ **Work Location #** \_\_\_\_\_  
\_\_\_\_\_  
**Budget Approval** Date \_\_\_\_\_ **Budget Reference #** \_\_\_\_\_

**TO BE COMPLETED BY HUMAN RESOURCES**

\_\_\_\_\_  
**Human Resources Supervisor Signature** Date \_\_\_\_\_ **Authorized Start Date** \_\_\_\_\_