

MASS CHANGE REQUEST FORM

**ATTN: Division of School Financial Services
HRS Employee Services Unit
Email: SFSEmployeeServices@lacoed.edu**

DATE OF REQUEST	DISTRICT NO. (FIVE DIGITS)	DISTRICT NAME
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Requestor Information

CONTACT PERSON		CONTACT TITLE	
CONTACT EMAIL		CONTACT PHONE NO.	PHONE EXT.
REQUEST APPROVED BY	SIGNATURE	APPROVER TITLE	
APPROVER EMAIL		APPROVER PHONE NO.	PHONE EXT.

Mass Change Info

Attachments Yes No

BRIEF MASS CHANGE DESC. (ATTACH ADDITIONAL NOTES IF NECESSARY)	
IMPLEMENT CHANGE <input type="checkbox"/> Before _____ <input type="checkbox"/> After _____	<input type="checkbox"/> RUSH Request • An additional Above Baseline Charge may be applied for Rush request or for request submitted three days or less prior to implementation.

Section I. Record Selection Criteria

Employee Status (0107) (Check all that apply) <input type="checkbox"/> Active and Leave (A, L, P) <input type="checkbox"/> Terminated (T) <input type="checkbox"/> Other (please specify): _____	Job Assignment(s) (Check one) <input type="checkbox"/> Prime Jobs Only <input type="checkbox"/> All Jobs <input type="checkbox"/> Only Job No(s) (please specify): _____ <input type="checkbox"/> Other (please specify): _____	Job Status (2023) (Check all that apply) <input type="checkbox"/> Active and Leave (A,L,P) <input type="checkbox"/> Terminated (T) <input type="checkbox"/> Other (please specify): _____
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RECORD SELECTION SPECIFICATIONS

Section II. Change Criteria

	FOR LACOE-SFS USE ONLY - DATA ELEMENT	SCREEN NUMBER	FIELD NAME	CHANGE FROM	CHANGE TO
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

FOR LACOE-SFS USE ONLY

Administration	SFS Emp Services / SFS Pos Control	SFS Payroll Unit (1)	SFS Payroll Unit (2)	SFS Retirement	Control No / Proc No