## MASS CHANGE REQUEST FORM

## Please return via email to: SFSEmployeeServices@lacoe.edu

DAT	E OF REQUES	T DI	DISTRICT NO. (FIVE DIGITS) DISTRICT NAME										
Requestor Information													
	TACT PERSON					CONTACT TITLE							
CONTACT EMAIL									CONTACT PHONE NO. PHONE EXT.			PHONE EXT.	
REQUEST APPROVED BY					S	SIGNATURE			APPROVER TITLE				
APPROVER EMAIL									PPROVER PHONE NO.			PHONE EXT.	
Ma	Mass Change Info  Attachments □ Yes □ No												
BRIEF MASS CHANGE DESC (ATTACH ADDITIONAL NOTES IF NECESSARY)													
	■ Before								_	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)  Active and Leave (A, L, P)  Terminated (T)  Other (please specify):						Only Job No(s) (please specify):			Job Status (2023) (Check all that apply)  ☐ Active and Leave (A,L,P)  ☐ Terminated (T)  ☐ Other (please specify):				
RECORD SELECTION SPECIFICATIONS													
Coation II. Change Cuitouin													
Section II. Change Criteria  FOR LACOE- STS USE ONLY SCREEN FIELD						AE.		CHANGE FROM	CHANGE TO				
1.	- DATA ELEMENT	NUMBE	IBER FIELL		FIELD NAM	VAIVIL		OTHIOL FROM		OTANGE TO			
2.													
3.													
4.													
5.													
6.													
7.													
8.													
Adm	inistration		SFS	Emp Services / SFS Po	s Control	FOR LACOE-SFS USE ONLY SFS Payroll Unit (1) SFS Pa		E ONLY SFS Payroll Unit (2)	(2) SFS Retirement		Control No / Proc No		
						,							