

COS FORM

LAKE SHORE PUBLIC SCHOOLS
Department of Human Resources, 586.235.3491

28850 Harper
St. Clair Shores, MI 48081
Rev. 3.11.11

Original must be sent to the Department of Human Resources

Name: _____ Building: _____ Position: _____
EMP ID#: _____ Date: _____ Circle One: LSFT LSFES AFSCME LSFSS NON-UNIT

Please check one:

☐ Name/Address/Phone Change ☐ Transfer Request ☐ Pay Change
☐ Resignation/Retirement ☐ Applying for..... ☐ Sub to Perm / Perm to Sub
☐ New Hire ☐ Hours/Days Changed ☐ Other

Please fill-in appropriate information:

Name Change, address, phone:

(Name change requires a copy of your new SS card)

Pay Change:

(indicate reason below)

Transfer from / to:

(indicate reason below)

Applying for:

Hours/Days Increased/Decreased To/From:

Other:

Please indicate number of classes per trimester, and the date change will become effective

<input type="checkbox"/> First Trimester	<input type="checkbox"/> Second Trimester	<input type="checkbox"/> Third Trimester
<input type="checkbox"/> Number of Classes	<input type="checkbox"/> Number of Classes	<input type="checkbox"/> Number of Classes

EFFECTIVE DATE OF CHANGE: _____

Comments/Reasons:

X			
Employee / Applicant Signature	Date		
X			
Immediate Supervisor Signature (if necessary)	Date	Approved	Denied
X			
Assistant Superintendent of Human Resource Services (if necessary)	Date	Approved	Denied