

**BUCYRUS CITY SCHOOL DISTRICT  
EMPLOYEE STATUS CHANGE FORM**

Name Fran Swavel Social Security # 2725 State ID \_\_\_\_\_

**Position Change:**

From \_\_\_\_\_ to \_\_\_\_\_ Effective Date \_\_\_\_\_  
Subject /Area/Grade Subject /Area/Grade

**Hourly Change:**

From 189 to 260 Effective Date 4/3/23  
Days/ Hours Days/ Hours

**Location Change:**

From \_\_\_\_\_ to \_\_\_\_\_ Effective Date \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

MOESC Employee: \_\_\_\_\_ Yes ☒ No

  
Recommending Administrator's Signature

3/31/23  
Date

**CENTRAL OFFICE USE ONLY**

Highly Qualified \_\_\_\_\_

Qualified Parapro \_\_\_\_\_

Position Code \_\_\_\_\_

Assignment Area \_\_\_\_\_

  
Superintendent's Signature

4-11-2023  
Date

Salary/Wage \_\_\_\_\_

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
Date

Payroll Department (Initials) \_\_\_\_\_

Board Agenda Date: 4-20-23

Original: Personnel File  
CC: Treasurer's Office

Revised 2/2009