



REQUEST FOR EMPLOYEE REASSIGNMENT

Employee Information (Please Print)

Legal Name: _____ Employee #: _____
Last First MI

Address: _____ City: _____ State: _____ Zip: _____

Position Information - Request re-assignment of above employee: EFFECTIVE DATE: _____

	CURRENT ASSIGNMENT	REQUESTED RE-ASSIGNMENT
School/Department:		
Job Title:		
Subject(s):		
Grade(s):		
Work days:		
Funding Source*:		
Principal/Supervisor:		

Is this requested re-assignment a new position? Yes No

Explain Reason for Re-assignment Below:

Abolish Employee's Current Position? Yes No If yes, the current position will be abolished concurrent with the re-assignment. If no, explain reason below:

By signing this request, I verify that the employee listed above is "highly qualified" for the requested position. In addition, I understand I am not guaranteed the requested re-assignment until final approval.

Current Supervisor's Signature Date

New Supervisor's Signature Date

Chief Financial Officer/Human Resources Date

Assistant Superintendent/Federal Programs Date

Superintendent Date

Board Approved: Yes No: _____
Date