

PERSONNEL ASSIGNMENT CHANGE FORM

Administrator Requesting Change: _____

Employee: _____ ID# _____ PCN: _____

Current Information:

Campus/Dept.: _____ Position: _____

Funding Acct.: _____

Area(s) of certifications, as applicable: _____

Supervising Administrator(s): _____

Reassignment Information:

Campus/Dept.: _____ Position: _____ PCN: _____

Position Requirements: _____

Replacement for: _____ ID# _____ Teacher of Record: _____

Reason for Replacement: _____

Funding Acct.: _____ Effective Date: _____

Supervising Administrator(s): _____

****NOTE: Job Description must be signed and attached if there is a change in funding and/or position.**

Acknowledgment of Notification by Employee: _____

Program Director Signature Date

☐ Fed. Programs ☐ Sp.Ed. ☐ Bil. Program ☐ CTE Dept.

Program Director Signature Date

☐ Fed. Programs ☐ Sp.Ed. ☐ Bil. Program ☐ CTE Dept.

FOR HUMAN RESOURCES OFFICE USE ONLY:

Signature of Human Resources Designee: _____ Date: _____

- ☐ Job Description
☐ Teams change in position
☐ Verified Certification _____