



DONNA

INDEPENDENT SCHOOL DISTRICT

PERSONNEL ASSIGNMENT CHANGE FORM

Administrator Requesting Change: _____

Employee _____ ID#: _____ PCN: _____

Current Information:

Campus/Dept.: _____ Position: _____

Funding Acct.: _____

Area(s) of certification, as applicable: _____

Supervising Administrator(s) _____

Reassignment Information:

Campus/Department _____ Position _____

Position Requirements: _____

Replacement for: _____ ID# _____ PCN: _____

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: _____ Date: _____

Program Director Signature Date ☐ Federal Programs ☐ Special Education ☐ Bilingual Program

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FOR HUMAN RESOURCES OFFICE USE ONLY: if assignment change requires a change of funding, dept director signatures must be obtained first prior to submission to the HR office.

Signature of Human Resources Designee: _____ Date: _____

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Job Description(if needed)

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TEAMS Employment Maintenance Screen

Revised 11/2/22