

SAN FELIPE DEL RIO C.I.S.D.

PERSONNEL REASSIGNMENT

Request Form

LOCATION

EMPLOYEE NAME

FROM CURRENT POSITION TITLE:

(CURRENT POSITION TITLE **(BE SPECIFIC)**)

NOTE BELOW in yellow box who will fill or what will happen to this position: *

* **EXAMPLE** for yellow box : "title of current position" - will be deleted.

TO NEW POSITION TITLE:

(NEW POSITION TITLE FOR EMPLOYEE **(BE SPECIFIC)**)

NOTE BELOW in yellow box employee name no longer in position and reason **OR** if a new position : **

** (please list name of employee previously or currently in position and reason no longer in position - **EXAMPLE** for yellow box: first name - last name - resigned)

LAST DAY IN CURRENT POSITION

EFFECTIVE DATE IN NEW POSITION

ADMINISTRATOR'S SIGNATURE and DATE

******(PLEASE MAKE SURE ALL HIGHLIGHTED AREAS ARE COMPLETED and SIGNED.)***

NOTE : In order to reassign personnel within your location, there must be a valid vacancy or position for the individual to move into.



Recommendation:

Approved / Disapproved

Approved / Disapproved

AIDEE G. GARCIA

DATE

CARLOS H. RIOS, Ed. D.

DATE