

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

PERSONNEL REASSIGNMENT



Submit to Human Resources:

Email: human_resources@sfdr-cisd.org

REQUEST FORM

CURRENT POSITION

EMPLOYEE NAME: _____

CURRENT LOCATION: _____

CURRENT POSITION TITLE: _____

LAST DAY IN CURRENT POSITION: _____

WAS EMPLOYEE NOTIFIED? ☐ YES ☐ NO

POSITION WILL BE: ☐ DELETED ☐ CONVERTED ☐ POSTED ☐ FILLED ☐ HOLD

PLEASE EXPLAIN: _____

NEW POSITION

NEW POSITION LOCATION: _____

NEW POSITION TITLE: _____

VACANCY JOB #: _____ ☐ POSTED ☐ NOT POSTED

EFFECTIVE DATE IN NEW POSITION: _____

NAME OF LAST EMPLOYEE IN POSITION: _____

REASON FOR THE TRANSFER: _____

APPROVED / DISAPPROVED

ADMINISTRATOR'S SIGNATURE _____ DATE _____

HUMAN RESOURCES DIRECTOR _____ DATE _____

HR USE ONLY

CHECK IF EMPLOYEE HAS:

☐ CERTIFICATION IN AREA _____

☐ SIGN ON BONUS/REASSIGNMENT BONUS _____

☐ STIPEND(S) _____

DATE EMPLOYEE WAS NOTIFIED: _____

DATE EMAIL WAS SENT: _____

DATE VACANCY CLOSED (IF APPLICABLE): _____

COMPLETION DATE: _____

HR SIGNATURE: _____