

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



Submit to Human Resources:

Email: human_resources@sfdr-cisd.org OR Fax: 830-774-9893

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

AIDEE G. GARCIA 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: _____