



HUMAN RESOURCES DEPARTMENT

Re-Assignment/Transfer Personnel Change

Employee: _____ ID #: _____

Transfer FROM	
_____ Campus _____	_____ Position _____
_____ Days on Duty _____	_____ Last Day of Assignment _____

Transfer TO	
_____ Campus _____	_____ Position _____
_____ Replaces _____	_____ Funding Source if NEW or CHANGED _____
_____ Days on Duty _____	_____ Effective Date _____

NOT APPLICABLE

ADD

DELETE

Stipends: _____

Stipends: _____

Major Sports: _____

Major Sports: _____

Other: _____

Other: _____

Explanation/Reason for Re-Assignment/Transfer:

Current Administrator Signature

Date

Human Resources Director Signature

Date

Human Resources Department Only			
Employee ID _____	Transfer Lateral	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Roster Entry	Board Approval Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Position Data Entry Complete	<input type="checkbox"/> Pay Authorization/Change Form		