

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
PERSONNEL ASSIGNMENT CHANGE FORM

Administrator Requesting Change: _____ Date of Request: _____

Employee: _____ ID#: _____

Current Assignment/Information:

Job Class: _____

Position #: _____

Campus/Dept: _____ Position: _____

Funding Acct: _____

Area(s) of certification, as applicable: _____

Supervising Administrator(s): _____

Reassignment Information

Job Class: _____

Position #: _____

Effective Date: _____

Position: _____ Replacement for: _____

Reason for Replacement: _____

Position Requirements: _____

Funding Acct: _____

Supervising Administrator _____

NOTE: Job Description must be signed and attached if there is a change in funding and/or position.

Acknowledgment of Notification by Employee: _____ Date: _____

Signature of Principal/Dept. Administrator: _____ Date: _____

FOR HUMAN RESOURCES OFFICE USE ONLY:

Signature of Human Resources Designee: _____ Date: _____

Signature of Executive Director State/Federal Programs: _____ Date: _____

Signature of Executive Director Elementary/Secondary: _____ Date: _____

Job Description

From/To

Email Account

Attestation if Changing Fund

Salary Determination

Aesop Account

Personnel Action Entry

Entered by: _____ Date: _____