

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
PERSONNEL ASSIGNMENT CHANGE FORM

Employee: _____ ID#: _____

Administrator Requesting Change: _____ Date of Request: _____

Current Assignment/Information:

Job Class: _____

Position #: _____

Campus/Dept: _____

Position: _____

Funding Acct: _____

Area(s) of certification, as applicable: _____

Supervising Administrator(s): _____

P

Reassignment Information

Job Class: _____

Position #: _____

Effective Date: _____

Position: _____ Replacement for: _____ ID#: _____

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 Program Director: _____

Signature of Executive Director Special Programs & School Improvements: _____

Signature of Executive Director PK-12th Grade Education: _____

Signature of Executive Director Special Education & Section 504/RTI & Dyslexia: _____

Signature of Deputy Superintendent Support Services: _____

Signature of Superintendent or Designee: _____

☐ Job Description

☐ From/To

☐ Email Account

☐ Attestation if Changing Fund

☐ Salary Determination

☐ Aesop Account

☐ Personnel Action Entry

Entered by: _____

Date: _____