

SEGUIN INDEPENDENT SCHOOL DISTRICT

JOB ASSIGNMENT CHANGE FORM (WITHIN THE BUILDING FOR AUXILIARY PERSONNEL)

TO: Principals and Coordinators

FROM: Chief Human Resource Officer

Please complete the information below and send to Human Resources before you make a job assignment change within the building or department. Please do not make a change until it has been approved by the Chief Human Resource Officer.

NAME OF PERSON MAKING REQUEST:

CAMPUS/DEPARTMENT:

I would like to recommend that the following change be made within the building or department:

Employee Name _____ Employee No. _____

be changed from _____ to _____

effective _____. He / she will be replacing _____.

A salary change is or is not involved.

Funding Source _____

I have checked in the Human Resources Office and found that this person is certified or qualified for the new position. Yes No

Signature of Principal or Department Head _____ Date _____

Signature of *Director/Coordinator (if applicable) _____ Date _____

(Please submit at least three (3) working days prior to suggestive date shown)

** Includes Food Service, Maintenance, and Lunchroom Monitors*

FOR HUMAN RESOURCES OFFICE USE ONLY

Approved _____ Rejected _____ Date _____

COMMENTS:

From: payroll job code _____ to: _____
paygrade _____ to: _____
working days _____ to: _____