

# SEGUIN INDEPENDENT SCHOOL DISTRICT

## JOB ASSIGNMENT CHANGE FORM (WITHIN THE BUILDING FOR PARA-PROFESSIONALS)

**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 Bilingual/ESL, GT, Special Education, Technology, and Title*

---

### FOR HUMAN RESOURCES OFFICE USE ONLY

---

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS:**

From: payroll job code \_\_\_\_\_ to: \_\_\_\_\_  
paygrade \_\_\_\_\_ to: \_\_\_\_\_  
# working days \_\_\_\_\_ to: \_\_\_\_\_