



# DONNA

INDEPENDENT SCHOOL DISTRICT

## PERSONNEL ASSIGNMENT CHANGE FORM

Administrator Requesting Change: \_\_\_\_\_

Employee \_\_\_\_\_ ID#: \_\_\_\_\_ PCN: \_\_\_\_\_

### Current Information:

Campus/Dept.: \_\_\_\_\_ Position: \_\_\_\_\_

Funding Acct.: \_\_\_\_\_

Area(s) of certification, as applicable: \_\_\_\_\_

Supervising Administrator(s) \_\_\_\_\_

### Reassignment Information:

Campus/Department \_\_\_\_\_ Position \_\_\_\_\_

Position Requirements: \_\_\_\_\_

Replacement for: \_\_\_\_\_ ID# \_\_\_\_\_ PCN: \_\_\_\_\_

Reason for Replacement: \_\_\_\_\_

Funding Acct. #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Supervising Administrator(s): \_\_\_\_\_

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

Acknowledgment of Notification by Employee: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Program Director Signature Date  Federal Programs  Special Education  Bilingual Program

\_\_\_\_\_  
Program Director Signature Date  Federal Programs  Special Education  Bilingual Program

**FOR HUMAN RESOURCES OFFICE USE ONLY: if assignment change requires a change of funding, dept director signatures must be obtained first prior to submission to the HR office.**

Signature of Human Resources Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Job Description(if needed)

TEAMS Employment Maintenance Screen

Revised 12/3/19

**--- ONLY ORIGINAL FORMS WILL BE ACCEPTED AT HUMAN RESOURCES TO AVOID DUPLICATES ---**