

Administrative Transfer Form

Directions

1. Be sure to fully complete all applicable sections of the form for which you are responsible.
2. Assistant Superintendent submits the form via DocuSign for review and approval or denial. Signers should be in the order listed in Section F.
3. A copy of the DocuSign should be sent to the applicable department heads. i.e., CTAE, ESOL, Federal Programs, Gifted and DES.

Reminders

- Notice of approval will be sent to all parties.
- **No employee shall begin to work or move into another position until Human Resources has approved the recommendation.**

Class Change – when an employee is transferred from one lateral position to another at the same location.

Transfer – when an employee is transferred from one lateral position to the same or different position at a different location.



CLAYTON COUNTY PUBLIC SCHOOL SYSTEM
 DIVISION OF HUMAN RESOURCES
ADMINISTRATIVE TRANSFER FORM

SECTION (A)

Employee Full Name _____ Employee ID# _____
 Effective Date _____ Date Submitted _____

SECTION (B)

Classification Status

FLSA Status

_____ Certified _____ Classified _____ Exempt _____ Non-Exempt

SECTION (C)

Please submit this form via DocuSign to the HR Staffing Manager and await approval **before** allowing the employee to start in the new lateral position.

_____ Transfer _____ Reassignment _____ Class Change _____ Other _____

SECTION (D) Current

Position Title _____ Class Code _____ PCN _____
 Subject Area _____ Work Location _____

SECTION (E) New Information

Position Title _____ Class Code _____ Subject Area _____
 Work Location _____ PCN _____ Certification _____
 Name of Person Replacing/ID _____

SECTION (F) Approvals

Assistant Superintendent (Current) _____ Date _____
 Assistant Superintendent (New) _____ Date _____
 Chief/Deputy (impacted Division) _____ Date _____
 HR Staffing Manager _____ Date _____
 Position Control _____ Date _____
 Human Resources Director _____ Date _____
 Chief Human Resources Officer _____ Date _____
 Sr. Deputy Superintendent/Chief of Staff _____ Date _____