

**TISHOMINGO COUNTY SCHOOL DISTRICT
PERSONNEL REQUEST**

Employee Name _____

SCHOOL _____ EFFECTIVE DATE _____

NEW EMPLOYEE _____ (*must attach employment application*)

CURRENT EMPLOYEE:

TRANSFER _____ *SUPPLEMENT CHANGE* _____ *OTHER CHANGE* _____

Position _____

Replacing _____

Transferring from _____

Supplemental Duties (list position and amount of each supplement to be paid)

_____	_____
_____	_____
_____	_____
_____	_____

Other Change (provide detailed information about any other change requested)

Certification (must attach Mississippi Educator's License for certified positions)

Employee holds valid certification in the endorsement area(s) necessary to hold this position: Yes ____ No ____

Recommended by _____ Date _____
(Principal/Supervisor)

CENTRAL OFFICE USE

Approved by _____ Date _____
(Superintendent)

Board Approved Date _____

Payroll Changes Completed by _____