SANTA MARIA INDEPENDENT SCHOOL DISTRICT

PERSONNEL ASSIGNMENT CHANGE FORM

Employee: _____ **Emp ID #:** _____

Current Information:

Campus/Dept.: _____ Position: _____

Current Stipend: _____ Funding Acct #: _____

Area(s) of certification as applicable: _____

Assignment Information:

Position: _____

Special Assignment Stipend: _____

Position Requirement: _____

Replacement for: _____

Reason for Replacement: _____

Funding Acct. #: _____

Effective Date: _____

Acknowledgement of Notification by Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of Principal: _____ Date: _____

FOR HUMAN RESOURCES OFFICE USE ONLY:

Signature of Superintendent: _____ Date: _____

Signature of Business Office Manager: _____ Date: _____

Date Notified Payroll Dept: _____

It is the policy of Santa Maria ISD not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.