

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: _____ PCN: _____

Position Requirements: _____

Replacement for: _____ ID# _____ Teacher of Record: _____

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 Fed. Programs Sp. Ed. Bil. Program CTE Dept.

Program Director Signature Date Fed. Programs Sp. Ed. Bil. Program CTE Dept.

FOR HUMAN RESOURCES OFFICE USE ONLY:

Signature of Human Resources Designee: _____ Date: _____

Job Description

TEAMS change in position