PEMBERTON TOWNSHIP SCHOOLS

TRANSFER/REASSIGNMENT/SALARY ADJUSTMENT FORM

NAME (Please Print):	
FROM: School/Bldg./Dept.:	
Assignment:	
Full/Part-Time:	

TO: School/Bldg./Dept.:	
Assignment:	
Full/Part-Time:	
Posting# if applicable:	

Is this reassignment or request:	**( ) voluntary**	**( ) involuntary**

If involuntary, please provide your reasons supporting why you feel this way:

Signature of Staff Member	Date

*****TO BE COMPLETED BY CURRENT ADMINISTRATOR*****

Effective Date of Transfer/Reassignment or Salary Adjustment:	
Staff Member Being Replaced:	

For the following reason:

This vacated position . . .	**( ) is to be inactivated.** ***When a position is no longer in the budget, is transferred and/or reassigned.***
	( ) is to remain vacant until filled.
	( ) will be filled by another employee.
Signature of Administrator	**Date**

*****PLEASE RETURN TO HUMAN RESOURCES ATTENTION TO MS. LUKER*****

The below section is to be completed by the HR Department.

FROM:

Assignment								**PCN#**	
Contract		**Degree**		**Step**		**Salary**			

TO:

Assignment								**PCN#**	
Contract		**Degree**		**Step**		**Salary**			