

# 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**

☐ Certified ☐ Classified

**FLSA Status**

☐ 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/Chief Officer \_\_\_\_\_ Date \_\_\_\_\_  
Assistant Superintendent/Chief Officer \_\_\_\_\_ Date \_\_\_\_\_  
Chief/Deputy (Impacted Division) \_\_\_\_\_ Date \_\_\_\_\_  
HR Staffing Manager \_\_\_\_\_ Date \_\_\_\_\_  
Position Control \_\_\_\_\_ Date \_\_\_\_\_  
Human Resources Director \_\_\_\_\_ Date \_\_\_\_\_  
Chief Human Resources Officer \_\_\_\_\_ Date \_\_\_\_\_  
Interim Superintendent \_\_\_\_\_ Date \_\_\_\_\_