

Assignment Preference Request

REASSIGNMENT – A reassignment shall mean a change in an employee’s assignment within the building.

Requests for change in assignment within your building for the next school year must be submitted to the Principal prior to February 1st of the current year.

Employee Name: _____

Please PRINT complete legal name

Work Location: _____ **Current Position/Assignment:** _____

Certificate/Endorsement: _____

Request for change in assignment to: _____
Assignment Requested (Program/Subject(s)/Grade Level)

Employee Signature: _____ **Date:** _____

Assignment Request: Approved Not Approved

Action/Comments: _____

Supervisor/Principal Signature/Approval *Date*

Supervisor/Principal should submit completed/signed Assignment Preference Change with Status Change Form 5000F6 if applicable to Human Resources.

--Personnel Use Only--

Copy to: Payroll Sub Coordinator Personnel Board action: Date _____ Original to Personnel File