



# GREENE COUNTY SCHOOL SYSTEM

## REQUEST FOR EMPLOYEE RE-ASSIGNMENT

### Employee Information (Please Print)

Legal Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Information - Request re-assignment of above employee: EFFECTIVE DATE: \_\_\_\_\_

	CURRENT ASSIGNMENT	REQUESTED RE-ASSIGNMENT
School/Department:		
Job Title:		
Subject(s):		
Grade(s):		
Work days:		
Funding Source*:		
Principal/Supervisor:		

Is this requested re-assignment a new position?  Yes  No

Explain Reason for Re-assignment Below:

\_\_\_\_\_  
\_\_\_\_\_

Abolish Employee's Current Position?  Yes  No If yes, the current position will be abolished concurrent with the re-assignment. If no, explain reason below:

\_\_\_\_\_  
\_\_\_\_\_

**By signing this request, I verify that the employee listed above is "highly qualified" for the requested position. In addition, I understand I am not guaranteed the requested re-assignment until final approval.**

\_\_\_\_\_  
Current Supervisor's Signature Date

\_\_\_\_\_  
New Supervisor's Signature Date

\_\_\_\_\_  
Executive Director of Human Resources Date

\_\_\_\_\_  
Program Director (if applicable) Date

\_\_\_\_\_  
Superintendent Date

Board Approved:  Yes  No: \_\_\_\_\_  
Date