

**Newton Independent School District
REQUEST FOR RE-ASSIGNMENT**

1. TO BE COMPLETED BY PERSON MAKING REQUEST

NAME _____ SOCIAL SECURITY # _____

HOME ADDRESS _____ TEL. (_____)

CURRENT SCHOOL ASSIGNMENT _____ YEARS _____

TOTAL YEARS OF CONTINUOUS SERVICE IN THE DISTRICT (include current year) _____

BRIEFLY STATE REASON FOR REQUEST _____

QUALIFICATIONS _____

SPECIFIC REASSIGNMENT

ASSIGNMENT _____ SCHOOL/DEPARTMENT _____

COMMENTS _____

EMPLOYEE'S SIGNATURE

DATE

2. TO BE COMPLETED BY SENDING SUPERVISOR & RECEIVING SUPERVISOR

Required Signatures:

SENDING SUPERVISOR _____ DATE _____

RECEIVING SUPERVISOR _____ DATE _____

3. TO BE COMPLETED BY SUPERINTENDENT AND RETURNED TO PERSONNEL

Disposition of request: (Check one) _____ APPROVED _____ DISAPPROVED

ASSIGNMENT _____

SCHOOL/DEPARTMENT _____

SUPERINTENDENT'S SIGNATURE

DATE