

**HEMPSTEAD ISD
RECOMMENDATION TO REASSIGN EMPLOYEE**

EMPLOYEE NAME: DATE OF REASSIGNMENT:

CURRENT POSITION: LOCATION

NEW POSITION: LOCATION

REASON FOR REASSIGNMENT:

DOES REASSIGNMENT AFFECT BUDGET CODE PAID FROM? YES NO
If yes, specify budget code for: new position

DOES REASSIGNMENT AFFECT NUMBER OF DUTY DAYS? YES NO
If yes, specify days assigned for: current position new position

DOES REASSIGNMENT AFFECT NUMBER OF HOURS ASSIGNED? YES NO
If yes, specify hours for: current position new position

DOES REASSIGNMENT AFFECT ANNUAL SALARY OR DAILY RATE OF PAY? YES NO
If yes, specify annual salary/daily rate for: current position new position

Notes:

DOES REASSIGNMENT AFFECT STIPEND(S)? YES NO
If yes, specify stipend(s) amount for: current position new position

Specify the stipend(s) which apply to new position:

FOR THE NEW ASSIGNMENT:
Does employee meet certification requirements: YES NO N/A

Certification comments:

Does employee meet the NCLB definition of Highly Qualified: YES NO N/A

HQ comments:

Signature of Receiving Principal or Supervisor: Date:

Signature of Sending Principal or Supervisor: Date:

Employee Signature: Date:

Approved Denied Signature of Superintendent: Date:

FOR HR USE:
CC: Payroll Specialist CC: CFO Recommendation to Reassign Employee
Revised 5/9/16 MRS