

WHARTON ISD REQUEST FOR REASSIGNMENT (EQUIVALENT POSITION)

<p>This form is for employees who wish to transfer to the same position at another location. Employees who wish to apply for a different position within the district are required to submit an application.</p>			
Transfer to Equivalent Position		<i>Submit this form to the HR Department first to initiate transfer request process.</i>	
<p>Current Campus: (check one)</p> <p><input type="checkbox"/> Sivells Elementary</p> <p><input type="checkbox"/> Wharton Elementary</p> <p><input type="checkbox"/> Wharton Junior High</p> <p><input type="checkbox"/> Wharton High School</p>	<p>Request to be reassigned to equivalent position at: (check one)</p> <p><input type="checkbox"/> Sivells Elementary</p> <p><input type="checkbox"/> Wharton Elementary</p> <p><input type="checkbox"/> Wharton Junior High</p> <p><input type="checkbox"/> Wharton High School</p>		
Employee Information			
Name (Last, First):			
Email:			
Current Position Information		(If split-funded, please complete both lines.)	
Current Position Title/Assignment:	FTE %:		
Current Position Title/Assignment:	FTE %:		
Budget Code/FTE %:			
Budget Code/FTE %:			
<input type="checkbox"/> Grant Funded	Grant Name:		
<input type="checkbox"/> Position requested is posted and available. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Requested:			
Reason for request for transfer:			
Approval Signatures			
Curriculum & Instruction Department: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Signature:	Date:	
Principal / Supervisor Approval to Release Employee: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Signature:	Date:	
Principal / Supervisor Approval to Receive Employee: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Signature:	Date:	
Data Entry/Verification & Decision			
HR Dept. Verification of Information: <input type="checkbox"/> Form Complete <input type="checkbox"/> Date Received: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (Request will remain on file for up to one year in case of an opening.)	Signature of Deputy Superintendent:	Date:

Receiving Principal/Supervisor shall complete and submit appropriate change forms.