



EMPLOYEE/POSITION CHANGE

Employee Name: _____

Effective Date: _____

Location Change From: _____ To: _____

Previous Position Control # _____ New Position Control # _____

Teacher: _____ Room #: _____

Work Hours (to/from): _____ Phone #: _____

For Position Only Change:

Position Control #: _____

Location From: _____ To: _____

To Be Completed by HR:
 Position Change HRA

Authorized Signatures:

Immediate Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Associate Superintendent,
Human Resources: _____ Date: _____
(or designee)
