

# PEMBERTON TOWNSHIP SCHOOLS

## TRANSFER/REASSIGNMENT FORM

Name (Please Print):	
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<b>FROM:</b> School/Bldg./Dept.:		Position Control #	
Assignment:		Grade/Classification:	
Full/Part-Time:		Days/Week:	

<b>TO:</b> School/Bldg./Dept.:		Position Control #	
Assignment:		Grade/Classification:	
Full/Part-Time:		Days/Week:	

<b>If applying for a current vacancy, include posting number.</b>	<b>Posting #</b>	
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Please provide a brief description of the reason for this request:


<b>Is this reassignment or request:</b>	<input type="checkbox"/> <b>voluntary</b>	<input type="checkbox"/> <b>involuntary</b>
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If involuntary, please provide your reasons supporting why you feel this way:


Signature of Staff Member	Date

**\*\*\*TO BE COMPLETED BY CURRENT ADMINISTRATOR\*\*\***

Effective Date of Transfer:	
Staff Member Being Replaced:	

**For the following reason (s): (Brief statement)**

<b>This vacated position . . .</b>	<input type="checkbox"/> <b>will be inactivated.</b> <i>When a position is recommended not to be filled during the current budgeted year even though it is in the current year's budget.</i>
	<input type="checkbox"/> <b>will be transferred to:</b> <i>When a position or person is placed in another location with the same title.</i>
	<input type="checkbox"/> <b>will be reassigned to:</b> <i>When a position or person has a title change.</i>
	<input type="checkbox"/> <b>is to remain vacant until filled.</b>
	<input type="checkbox"/> <b>needs a substitute until filled permanently.</b>
	<input type="checkbox"/> <b>will be filled by another employee.</b>

<b>Request/Recommendation:</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved*</b>
Signature of Current Administrator		Date

**\*\*\*PLEASE FORWARD TO RECEIVING ADMINISTRATOR\*\*\***

<b>Request/Recommendation:</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved*</b>
Signature of Receiving Administrator		Date

**\*\*\*PLEASE RETURN TO THE APPROPRIATE CENTRAL OFFICE ADMINISTRATOR\*\*\***

<b>Request/Recommendation:</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved*</b>
Signature of COA		Date
<b>Request/Recommendation:</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved*</b>
Signature of Superintendent of Schools		Date

**FROM:**

<b>Position</b>		<b>Account #</b>					
<b>Contract</b>		<b>Degree</b>		<b>Step</b>		<b>Salary</b>	

**TO:**

<b>Position</b>		<b>Account #</b>					
<b>Contract</b>		<b>Degree</b>		<b>Step</b>		<b>Salary</b>	

Human Resource Manager		Date
<b>Board Approval Date:</b>		

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