

**EMPLOYEE ASSIGNMENT CHANGE FORM**

**Purpose: This form must be completed for any change in employee assignment for the reasons listed below.**

Section 1 – Employee Information - Completed by Employee's Supervisor  
Section 2 – Transfer/Reassignment - Completed by Employee's Supervisor in Consultation with Human Resources  
Section 3 – Fiscal Impact Statement - Completed by Employee's Supervisor or Division VP/EVP  
Section 4 – Signatures - Signed by Employee's Supervisor, Division VP/EVP, Controller, VP of Human Resources  
Section 5 – Notice of Transfer or Reassignment– Signed by Employee

**SECTION 1: EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ K#: \_\_\_\_\_

Department: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

**SECTION 2: TRANSFER/REASSIGNMENT/RECLASSIFICATION**

Type of Action: \_\_\_ Transfer \_\_\_ Reassignment \_\_\_ Demotion \_\_\_ Out of Class \_\_\_ Reclassification

\_\_\_ Temporary \_\_\_ Permanent

\_\_\_ Voluntary \_\_\_ Voluntary Demotion \_\_\_ District Initiated

From Department: \_\_\_\_\_

Funding: \_\_\_ General Fund \_\_\_ Grant

Account Number: \_\_\_\_\_ %: \_\_\_\_\_

Account Number: \_\_\_\_\_ %: \_\_\_\_\_

Position Number: \_\_\_\_\_

\_\_\_ Full-time \_\_\_ Part-time \_\_\_ 10mo. \_\_\_ 11mo. \_\_\_ 12mo.

Current Job Title: \_\_\_\_\_

Salary Range/Step: \_\_\_\_\_

To Department: \_\_\_\_\_

Funding: \_\_\_ General Fund \_\_\_ Grant

Account Number: \_\_\_\_\_ %: \_\_\_\_\_

Account Number: \_\_\_\_\_ %: \_\_\_\_\_

Position Number: \_\_\_\_\_

\_\_\_ Full-time \_\_\_ Part-time \_\_\_ 10mo. \_\_\_ 11mo. \_\_\_ 12mo.

New Job Title: \_\_\_\_\_

New Supervisor: \_\_\_\_\_

Salary Range/Step: \_\_\_\_\_

Beginning Date of New Assignment: \_\_\_\_\_

End Date(If Applicable): \_\_\_\_\_

Reason for Action:

### SECTION 3: FISCAL IMPACT STATEMENT

Please describe the fiscal impact to the District general fund:

What are the implications of not having this position?

### SECTION 4: SIGNATURES

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division VP / EVP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Controller Approval: \_\_\_\_\_ Date: \_\_\_\_\_

VP HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 5: NOTICE OF CHANGE IN ASSIGNMENT

\*Notice of a District transfer or reassignment shall be received by the affected employee and exclusive representative, if any, at least forty-eight (48) hours prior to the effective date of a permanent transfer or reassignment.

Date employee received notice of transfer/reassignment: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, this form is routed as follows: Employee's Supervisor>Division VP/EVP>Controller>Human Resources>Employee>Copy to exclusive representative