

EMPLOYEE REASSIGNMENT FORM

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

Type of Action: ___ Transfer ___ Reassignment ___ Demotion ___ Out of Class
___ 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 Transfer or Reassignment:

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 TRANSFER OR REASSIGNMENT

*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