



SAN JUAN SCHOOL DISTRICT  
REQUEST FOR  
CHANGE OF ASSIGNMENT

I am requesting approval to make the following changes and assign the employee to the following contract terms:

Employee \_\_\_\_\_ Social Sec Number \_\_\_\_\_

Address \_\_\_\_\_

Position is \_\_\_\_\_ Source of Funds \_\_\_\_\_

Located at \_\_\_\_\_ Code \_\_\_\_\_

To Begin \_\_\_\_\_ To Terminate \_\_\_\_\_  
(Please make every effort to begin changes with payroll start dates)

Range \_\_\_\_\_ Step \_\_\_\_\_ Hours Per Day \_\_\_\_\_

*This employee has been working under the following terms:*

*Position \_\_\_\_\_ Hours \_\_\_\_\_ Funded by \_\_\_\_\_*

*This employee will be replacing \_\_\_\_\_ who is transferring or terminating (please circle one and submit paperwork on individual).*

*This is a new position.*

**I understand that assignment changes will not become effective until this request form is signed by the Program Director (if applicable) and submitted to the Human Resource Administrator for final approval. The School District will assume no responsibility for persons employed, assigned or reassigned other than through this procedure.**

\_\_\_\_\_  
Principal Date

*REQUEST APPROVED BY:*

\_\_\_\_\_  
Program Director Date

\_\_\_\_\_  
Human Resource Administrator Date

*For Human Resource Department:*

*Hourly Rate \_\_\_\_\_*

*Total Days \_\_\_\_\_*

*Total Salary \_\_\_\_\_*

*Personnel Authorization: \_\_\_\_\_*

*Payroll \_\_\_\_\_*

*Program \_\_\_\_\_*

*File \_\_\_\_\_*