

LA JOYA INDEPENDENT SCHOOL DISTRICT
Office of Human Resources

Staff Reassignment Request Form

Campus/Dept.: _____

Date: _____

I am requesting a staff reassignment for:

FOR OFFICE USE ONLY

Name	Emp. I.D.#	Current Assignment	Assignment Requested	Certification	Approved/ Denied

Reason for reassignment: _____

Effective Date: _____

Print Principal/Director's Name

HR Director/Coordinator

Signature & Date

HR Executive Director

