



**IN-SCHOOL GRADE LEVEL OR SUBJECT AREA  
REASSIGNMENT**

SCHOOL: \_\_\_\_\_

CHANGE EFFECTIVE FOR THE \_\_\_\_\_ SCHOOL YEAR.

Plan to change \_\_\_\_\_  
(Teacher/Employee Name)

From: \_\_\_\_\_  
(Current position)

To: \_\_\_\_\_  
(Proposed position)

By signing, I affirm that I am in agreement with this proposed position change.

\_\_\_\_\_  
Teacher/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

*(Submit completed form to Dr. David Asbury, Personnel Office)*