



PROFESSIONAL/PARAPROFESSIONAL EMPLOYEE TRANSFER FORM

*** Upon completion, the receiving campus/department must e-mail this form to (1) Nancy Hoyt & Kimberley Cantu, Human Resources and (2) the employee's current principal/supervisor.**

Today's Date

Employee Name

Social Security #

Employee ID#

Current Campus

Campus Transferring to

Current Position

Position Transferring to

* SpEd Director approval is required if employee is moving into SpEd self-contained or 1:1 position. Yes ☐ NA ☐

Growth Position ☐ Replacement Position ☐ Replacement for

Number of Duty Days New Position

Effective Date of Change

Has the losing principal/supervisor been contacted about the transfer? Yes ☐ N/A ☐ No ☐

Is the effective date of change agreeable to losing/gaining supervisors? Yes ☐ N/A ☐ No ☐

(New campus) Principal or New Supervisor Signature of Approval

THIS SECTION FOR HR OFFICE USE ONLY

HR Asst. Superintendent Signature of Approval _____ Date _____

____ Rosters ____ Salary Review ____ Cert Review ____ SKY ____ HQ db ____ AESOP

____ Opens ____ New Contract ____ Copy/Payroll Post Job MISD ____ SS ____ Remove Job MISD ____ SS ____

E-mailed notifications to:

____ Phones ____ Technology ____ Eduphoria ____ Benefits