



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