



CLARKSDALE MUNICIPAL
SCHOOL DISTRICT

REASSIGNMENT/TRANSFER FORM

Send to HR

Name: _____

Location: _____

Effective Date: _____

Full-Time _____ Part-Time _____

☐ Position Posted/ Date _____

If part-time, will employee work less than 30 hrs. per week? ☐ Yes ☐ No

Current Position (Subject Area Taught)/Location: _____

New Position (Subject Area Taught/Location): _____ Replacing: _____

(Include employee being replaced)

Areas of Certification (attach license): _____

Source of Funding: _____

(Program Name, Title of Grant, Account Funding Code, etc.)

APPROVED: _____

Date: _____

Current Supervisor/Principal

Date: _____

Reassigned Supervisor/Principal

Date: _____

Fund Director/Officer

Date: _____

Director of Human Resources

Date: _____

Superintendent (if transferring location with no salary change)

HUMAN RESOURCES

Certification Level: _____ Total Years of Experience: _____ Days of Employment: _____

Number of Days to be Worked this Fiscal Year: _____

Approved License: ☐ Yes ☐ No ☐ N/A

HR Signature/ Date

BOARD APPROVAL STAMP: (if salary is affected)

FINANCE

Beginning of School Year:

Annual/Prorated Rate of Pay: _____ Hourly Rate: _____ # of Installments: _____
(Salaried employees) (Hourly employees)

Amount of Each Installment: _____ Date of First Payment: _____

Middle of School Year:

Salary of Old Position: _____ Days Worked/Budgeted Days: _____ Earned Wage: _____
(Salaried employees) (Hourly employees)

Salary of New Position: _____ Days Worked/Budgeted Days: _____ Pro-rate Wage: _____
(Salaried employees) (Hourly employees)

Adjusted Combined Salary: _____ Month Payroll Change Begins: _____

☐ NO CHANGE IN SALARY

Financial Officer Signature/ Date