

**PULASKI COUNTY SPECIAL SCHOOL DISTRICT  
CERTIFIED EMPLOYEE REASSIGNMENT/TRANSFER FORM**

SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_

Employee ID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Employee Name \_\_\_\_\_ is recommended for reassignment  
to the position(s) of \_\_\_\_\_,  
\_\_\_\_\_ at \_\_\_\_\_ school or division.

*List actual teaching assignments and supplemental contracts if applicable.*

These assignments are tentative and subject to change at the discretion of administration and pending PCSSD Board of Education approval.

____ New Position	____ Permanent	____ Temporary for: _____ (length of time)
____ Reclassification of Present Employee	____ Full Time	____ Part Time ____ % FTE
____ Transfer	Replacement for: _____	

I verify that the applicant is licensed to teach: \_\_\_\_\_ ALP Required: Yes \_\_\_\_ No \_\_\_\_  
*(Title 1 schools cannot employ teachers who are not Highly-Qualified at time of hire)*

\_\_\_\_\_  
Administrator \_\_\_\_\_  
Date

**\*\*A resignation form is required if a change occurs in the supplemental contract(s).\*\***

FUND/SOURCE OF FUNDS	FUNCTION	LOCATION	PROGRAM	SUBJECT	OBJECT 6 _ _ _ _
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**PERSONNEL DIVISION USE ONLY**

- |  |      |      |  |
|--|------|------|--|
| 1. Verification of minimum qualifications  | Yes  | No   |  |
|  | ____ | ____ |  |
| 2. Recommendation is in compliance with the Desegregation Plan.<br>If not acceptable, written justification by the supervisor is approved. | ____ | ____ |  |

\_\_\_\_\_  
Assistant Superintendent for Human Resources/Director of Human Resources \_\_\_\_\_  
Date