

La Joya Independent School District
Office of Human Resources

Staff Reassignment Request Form

Campus: _____

Date: _____

I am requesting a staff reassignment for:

FOR OFFICE USE ONLY

Name	Employee I.D. # (do not use S.S. #)	Current Assignment	Assignment Requested	Certification	Approved/ Denied

State or Federal Program Director

_____ Print Director's Name	
_____ Print Program Name	
_____ Print Director's Name	
_____ Print Program Name	

Print Principal's Name

Human Resources Coordinator

Principal's Signature

Adriana F. Villarreal
Executive Director for Human Resources