

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

Principal's Signature

Human Resources Coordinator

Ricardo Villarreal
Executive Director for Human Resources