



Daviness County Public Schools

"Kids First!"

TRANSFER/CHANGE EMPLOYMENT STATUS

(Use this form for change of position, change of location, an increase or decrease in responsibilities resulting in a change of compensation or hours worked, changes in funding sources, or for any other employment changes that affect an active DCPS employee.)

Certified Staff

Classified Staff

Today's Date: _____ **Effective Date of Change:** _____

Employee Name: _____ **Employee #:** _____

Action: _____

FROM:

TO:

Location: _____

Location: _____

Position: _____

Position: _____

Class Code: _____

Class Code: _____

Days/Year: _____

Days/Year: _____

Hours/Day: _____

Hours/Day: _____

FT or PT: _____

FT or PT: _____

% of Time: _____

% of Time: _____

Other: _____

Other: _____

FUNDING & PERCENTAGE

(Indicate Munis code and funding source by percentage.)

FROM:

TO:

ORG/OBJ/PROJECT %

ORG/OBJ/PROJECT %

Board _____ %

Board _____ %

Seek _____ %

Seek _____ %

Grant _____ %

Grant _____ %

Add'l Funding: _____

New Position? _____ If no, list name of employee leaving: _____

Comments/Notes to Personnel Department:

Your Name: _____

Approval: _____

(Central Office Use Only)