

HR FORM: INSTRUCTIONAL TRANSFER ACKNOWLEDGEMENT

Human Resource Services Department

| | Job Posting Number: |
|---|-----------------------|
| Effective School Year: | Effective Start Date: |
| Instructional Employee Name: | SS Last 4: |
| Previous Work Location: | Cost Center# |
| Previous Job Assignment (Grade/Subject) | |
| NEW Work Location: | Cost Center# |
| NEW Job Assignment (Grade/Subject) | |
| GMS Staffing Line & Unit Type: | |
| Please select: 10-Month 11-Month 12-Month Itinerant? Yes No | |
| *Reminder: Promotional or Supplemented positions such as Curriculum Coordinator, Dean, etc. require an Instructional Appointment Request (IAR). | |
| I confirm the above listed staffing line is available and I have offered this position to the above listed employee. | |
| Date: (New) Principal S | Signature: |
| I confirm I have accepted this <u>new</u> job assignment at the above listed <u>new</u> job location. I acknowledge my current principal/supervisor will be notified of my acceptance upon submission of this form. | |
| Date: Employee Signa | ature: |

Email Completed Form to HRGENERAL@ECSDFL.US