



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 Signature: _____

I confirm I have accepted this new job assignment at the above listed new job location. I acknowledge my current principal/supervisor will be notified of my acceptance upon submission of this form.

Date: _____ Employee Signature: _____

Email Completed Form to HRGENERAL@ECSDFL.US