

**MERCEDES INDEPENDENT SCHOOL DISTRICT  
PERSONNEL ASSIGNMENT CHANGE FORM**

Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

**Current Information:**

Campus/Dept.: \_\_\_\_\_ Position: \_\_\_\_\_

Current Stipend: \_\_\_\_\_ Funding Acct.#: \_\_\_\_\_

Area(s) of certification as applicable \_\_\_\_\_

**Assignment Information:**

Position: \_\_\_\_\_

Special Assignment Stipend: \_\_\_\_\_

Position Requirements: \_\_\_\_\_

Replacement for: \_\_\_\_\_

Reason for Replacement: \_\_\_\_\_

Funding Acct. #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Acknowledgement of Notification by Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HUMAN RESOURCES OFFICE USE ONLY:**

Signature of Assistant Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Federal/State Programs Director: \_\_\_\_\_ Date: \_\_\_\_\_

Date Notified Payroll Dept.: \_\_\_\_\_