



# Lemoore Elementary School District

## Classified Voluntary Reassignment Request Form

### Per Article XI Transfers and Reassignments, Section C. Voluntary Reassignment

<b>EMPLOYEE REQUESTING VOLUNTARY REASSIGNMENT:</b>	
Last Name, First Name:	Social Security Number:  XXX-XX-
<b><u>PRESENT POSITION</u></b>	<b><u>POSITION DESIRED</u></b>
Present School Site or Department:	School or Department Desired:
Present Position:	Position(s) Desired:
Present Hours:	Full-time/Part-time and 11 months/12 months:
Home/Work Phone Number:	Hours:
<b>DURATION OF REASSIGNMENT/REASON FOR REQUEST:</b>	
From Date:	To Date:
Reason for Request:	

Will the reassignment result in a lateral reassignment with another district employee?

YES                       NO

If yes, the employee requesting the voluntary reassignment and the employee affected by the reassignment must both complete and sign the Voluntary Reassignment Agreement form.

<b><u>HR Use Only</u></b>	
Reassignment Criteria Met:	_____
Internal Recruitment/Selection Dates:	_____
Interview & Assessment Dates:	_____
Employee Selected:	_____
Salary Placement/Effective Date:	_____

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On the Web: [www.luesd.k12.ca.us](http://www.luesd.k12.ca.us)