



Reassignment Request Form

I request that _____ be reassigned from his/her current position of _____ to the position of _____.

I request the reassignment for the following reason(s):

By signing this request as Principal/Supervisor, I affirm this request is not being made for personal or political reasons.

| Name of Principal/Supervisor | Signature of Principal/Supervisor | Date |
|------------------------------|-----------------------------------|------|
| | | |

BOARD ACTION TAKEN: _____

Superintendent Signature: _____ Date: _____