

**WILSON COUNTY SCHOOLS
IN-HOUSE REASSIGNMENT REQUEST**

This form should be completed when an internal transfer from one position to another is being requested. Once the top portion is completed, the form needs to be submitted to the Human Resource Services Office for approval.

TO BE COMPLETED BY PRINCIPAL

School _____ Date _____

Licensed Classified

Name of Employee _____

Current Assignment _____ Grade(s) _____

Requested Assignment _____ Grade(s) _____

Replacing _____ New Position? Yes ____ No ____

Reason this request is being submitted:

Please list the licensure area(s) this teacher holds:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Principal's Signature

Date

TO BE COMPLETED BY HUMAN RESOURCE SERVICES LICENSURE SPECIALIST

Licensed: _____ Date _____

Is Applicant licensed for area of reassignment? Yes ____ No ____ Provisional? Yes ____ No ____

My signature indicates I have reviewed the employee's file and the information given by the principal. The information given is correct to the best of my knowledge.

Human Resource Services Licensure Specialist

Date

Classified:

Meets NCLB qualifications? Yes ____ No ____ N/A ____

My signature indicates I have reviewed the applicant's file and the information given by the principal. The information given is correct to the best of my knowledge.

Assistant Superintendent or Designee

Date

EXECUTIVE DIRECTOR'S USE ONLY

Approved Denied

Date Received _____

Start Date _____

Tenure Year _____

Executive Director, Human Resource Services

Date