

DISTRICT/SCHOOL CHANGE-IN-PLACEMENT FORM

Georgetown County School District

The following employee has been transferred within the school or district department. Please make the necessary changes at Office of Human Resources for this individual to be appropriately coded for payroll purposes.

(NOTE: A CHANGE-IN-PLACEMENT FORM MUST BE COMPLETED FOR EACH EMPLOYEE AFFECTED IN THIS TRANSFER.)

1. Department/School: _____
2. Name of Transferring Employee: _____
3. Social Security Number of Transferring Employee: _____
4. Check One: _____ Classified _____ Professional
5. Previous Position Employee Held: _____
6. Position Transferred To: _____
7. New Salary Grade: _____
(This is to be completed by Human Resources.)
8. Department/School Transferred To: _____
9. Account Number of Previous Position: _____
(This comes from your school/department budget report.)
10. New Account Number: _____
(This comes from your school/department budget report.)
11. Position Control Number of Previous Position: _____
(This comes from the Position Control Report sent to you from Finance - use all 19 numbers.)
12. Name of Person Who Previously held Position: _____
13. New Position Control Number: _____
(This comes from the Position Control Report sent to you from Finance - use all 19 numbers.)
14. Effective Date of Change: _____
(EXACT DATE REQUIRED)

Signature of Department Supervisor/Principal

Date

Approval by Professional Development (Teacher's/Aides Only)

Date

Approval by Instructional Division (School Base Only)

Date

Approval by Superintendent/Human Resources

Date

PLEASE RETURN THIS FORM TO OFFICE OF HUMAN RESOURCES