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| ID NUMBER | LAST NAME (AS IT APPEARS ON SS CARD) | APP | FIRST NAME | INITIAL |
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INSTRUCTIONAL RECLASSIFICATION/TRANSFER FORM

THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

RECLASSIFICATION OR TRANSFER WITHIN SCHOOL / DEPT.
 TRANSFER TO NEW SCHOOL / DEPT.
 NEW ALLOCATION
 ADMINISTRATIVE RECLASSIFICATION OR TRANSFER

RECLASSIFICATION OR TRANSFER REQUESTED BY EMPLOYEE - *EMPLOYEE SIGNATURE REQUIRED HERE:* _____

EFFECTIVE DATE OF RECLASSIFICATION / TRANSFER _____ REPLACEMENT FOR: _____

RESIGNED
 TRANSFERRED
 TERMINATED
 RETIRED
 EFFECTIVE DATE: _____ ON LEAVE FROM _____ TO _____

FROM:
 SCHOOL/DEPT NUMBER: _____
 SCHOOL NAME: _____
 HOURS PER DAY: _____
 JOB TITLE _____

| COURSE CODE NAME & NUMBER | I/O | POSITION # | # CLASSES | HOURS | FUND | FUNC | PROJECT # | PROGRAM CATEGORY |
|---------------------------|-----|------------|-----------|-------|------|------|-----------|------------------|
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PORTION OF THE DAY IN-FIELD _____%
 PORTION OF THE DAY OUT OF FIELD _____%

TO:
 SCHOOL/DEPT NUMBER: _____
 SCHOOL NAME: _____
 HOURS PER DAY: _____
 JOB TITLE _____

| COURSE CODE NAME & NUMBER | I/O | POSITION # | # CLASSES | HOURS | FUND | FUNC | PROJECT # | PROGRAM CATEGORY |
|---------------------------|-----|------------|-----------|-------|------|------|-----------|------------------|
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PORTION OF THE DAY IN-FIELD _____%
 PORTION OF THE DAY OUT OF FIELD _____%

JUSTIFICATION FOR OUT OF FIELD _____

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|------------------------------------|------------|-----------------------------------|------------|-------------------------------------|------------|
| INITIATING SCHOOL/DEPT. HEAD _____ | DATE _____ | RECEIVING SCHOOL/DEPT. HEAD _____ | DATE _____ | DIVISION HEAD _____ | DATE _____ |
| AREA SUPT/DIVISION HEAD _____ | DATE _____ | AREA SUPT/DIVISION HEAD _____ | DATE _____ | HUMAN RESOURCES ADMINISTRATOR _____ | DATE _____ |

H/R OFFICE USE ONLY:
 PAY TYPE _____
 JOB TITLE _____
 HRS DAY _____
 STEP LEVEL _____
 FIELD _____
 DATE POSTED _____