

ID NUMBER	LAST NAME (AS IT APPEARS ON SS CARD)	APP	FIRST NAME	MI

SUPPORT RECLASSIFICATION/TRANSFER FORM

AD # _____ THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

<input type="checkbox"/> RECLASSIFICATION OR TRANSFER WITHIN SCHOOL/DEPT	<input type="checkbox"/> TRANSFER TO NEW SCHOOL/DEPT.
<input type="checkbox"/> ADMINISTRATIVE	<input type="checkbox"/> TRANSFER REQUESTED BY EMPLOYEE

RECOMMENDED DATE OF RECLASSIFICATION/TRANSFER _____

FROM:		SCHOOL/DEPT #:	SCHOOL/DEPT NAME:				HOURS PER DAY:			
JOB TITLE	JOB #	POSITION #	HRS-DAY	MOS WKD #	FUND	FUNC	PROJECT #	Program Category		

REPLACEMENT FOR: _____ ON LEAVE FROM _____ TO _____

RESIGNED TRANSFERRED TERMINATED EFFECTIVE DATE: _____

TO:		SCHOOL/DEPT #:	SCHOOL/DEPT NAME:				HOURS PER DAY:			
JOB TITLE	JOB #	POSITION #	HRS-DAY	MOS WKD #	FUND	FUNC	PROJECT #	Program Category		

EMPLOYEE'S SIGNATURE _____

EMPLOYEE'S HOME ADDRESS _____

JUSTIFICATION: _____

INITIATING SCHOOL/DEPT. HEAD _____	DATE _____	RECEIVING SCHOOL/DEPT. HEAD _____	DATE _____	DIVISION HEAD _____	DATE _____
COMPENSATION SERVICES _____	DATE _____	COMPENSATION SERVICES _____	DATE _____	HUMAN RESOURCES ADMINISTRATOR _____	DATE _____

HR OFFICE USE ONLY:

PAY TYPE _____	MOS WRKD: _____	OLD GRADE: _____	OLD SAL _____	OLD HOURLY RATE: _____	JOB CODE: _____
PAY TYPE _____	MOS WRKD: _____	NEW GRADE: _____	NEW SAL _____	NEW HOURLY RATE: _____	JOB CODE: _____

BOARD DATE	DATE POSTED	COMPENSATION SERVICES	INITIALS
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