

ID NUMBER	LAST NAME (AS IT APPEARS ON SS CARD)	SUFFIX	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

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

PORTION OF THE DAY IN-FIELD _____ % PORTION OF THE DAY OUT OF FIELD _____ % CERTIFICATION/COURSE CODE VERIFIED _____ DATE _____
 JUSTIFICATION FOR OUT OF FIELD _____

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 _____