

MAURY COUNTY PUBLIC SCHOOLS

CHANGE OF POSITION

Licensed Personnel

Classified Personnel

Employee Name: _____
Last First Middle/Maiden Employee ID

Current Location: _____ Current Position: _____

New Location: _____ New Position: _____

Description of Change: _____

Effective Date of Change: _____

Principal/Supervisor Comments: _____

Administrator/Supervisor Signature

Date

Budget Account Number: _____

Supervisor Approvals: _____

Date: _____

PLEASE SEND COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT

Human Resources Notes: _____

APPROVED: _____
Superintendent of Schools or Designee