

COLUMBUS MUNICIPAL SCHOOL DISTRICT
CHANGE OF ASSIGNMENT
AND/OR
RATE OF PAY

ATTENTION: PERSONNEL

NAME OF EMPLOYEE: _____

SOCIAL SECURITY #: _____

CHANGE FROM:

CHANGE TO:

LOCATION: _____

POSITION: _____

CERT./SALARY _____

FUNDING: _____

EFFECTIVE DATE: _____

(First day change becomes effective)

CHECK ONE:
(if applicable)

Replacement for another employee
Name of employee being replaced:

New position

PRINCIPAL OR
SUPERVISOR:

(Signature)

(Date)

BUSINESS MANAGER

(Signature)

(Date)

SUPERINTENDENT

(Signature)

(Date)

**IMPORTANT: SEND THIS NOTICE OF CHANGE OF ASSIGNMENT AND/OR
RATE OF PAY TO PERSONNEL AND A COPY TO PAYROLL/CENTRAL OFFICE.**

C/O USE:

Revised: 12/06

AGENDA _____