Pine Tree ISD
Employee Recommendation/Assign Change Form
<u>**RECOMMENDATION SECTION:**</u>

Name: _____   **Previous Pine Tree Employee?** _____

Campus/Department: **Assignment:**
_____   _____

                                               Subject to Reassignment
Replacing Employee: **Effective Date:**
_____   _____

ATTACH THREE COMPLETED REFERENCE CHECK FORMS.

_____   _____
Principal/Director Signature   **Date**
+++
<u>**ASSIGN CHANGE SECTION:**</u>

Name:_____

 Current Campus:_____   New Campus:_____

Old Position:_____   New Position:_____

Replacing who:_____ Effective Date:_____

check all that apply:

___Additional Assignment ___Change in # Days ___Change of Campus or Grade Level ___Change of Assignment ___Change of Pay ___Change of Budget Account Coding

_____   _____
Principal/Director Signature   **Date**
+++
Personnel Use Only:
Prof/Hrly Matrix _____   Pay Grade/Step _____   Hrly/Daily Rate _____
Leave Days_____   Non-Pd Days_____   # Days TY_____   # Daily Hrs_____# Days NY_____

Budget Code: _____ % or Stipend: _____Amount:_____

Budget Code: _____% or Stipend:_____Amount:_____

Budget Code: _____% or Stipend:_____Amount:_____

Comments: _____
Reviewed by _____ **Approved by** _____
                    Director of Human Resources   **Superintendent**

Employee Access _____ Tech Request _____ Org Chart _____ Leave added _____AESOP ____Clearinghouse _____
Date entered:_____Anchor Academy_____   ACP_____   Aide Cert_____ HQ AIDE:_____   Revised 02/2024