

Administrative Transfer Form

Directions

1. Be sure to fully complete all applicable sections of the form for which you are responsible.
2. Assistant Superintendent submits the form via DocuSign for review and approval or denial. Signers should be in the order listed in Section F.
3. A copy of the DocuSign should be sent to the applicable department heads. i.e., CTAE, ESOL, Federal Programs, Gifted and DES.

Reminders

- Notice of approval will be sent to all parties.
- **No employee shall begin to work or move into another position until Human Resources has approved the recommendation.**

Class Change – when an employee is transferred from one lateral position to another at the same location.

Transfer – when an employee is transferred from one lateral position to the same or different position at a different location.



CLAYTON COUNTY PUBLIC SCHOOL SYSTEM
DIVISION OF HUMAN RESOURCES
ADMINISTRATIVE TRANSFER FORM

SECTION (A)

Employee Full Name _____ Employee ID# _____
Effective Date _____ Date Submitted _____

SECTION (B)

Classification Status

FLSA Status

____ Certified ____ Classified ____ Exempt ____ Non-Exempt

SECTION (C)

Please submit this form via DocuSign to the HR Staffing Manager and await approval **before** allowing the employee to start in the new lateral position.

____ Transfer ____ Reassignment ____ Class Change ____ Other _____

SECTION (D) Current

Position Title _____ Class Code _____ PCN _____
Subject Area _____ Work Location _____

SECTION (E) New Information

Position Title _____ Class Code _____ Subject Area _____
Work Location _____ PCN _____ Certification _____
Name of Person Replacing/ID _____

SECTION (F) Approvals

Assistant Superintendent/Chief Officer _____ Date _____
Assistant Superintendent/Chief Officer _____ Date _____
Chief/Deputy (Impacted Division) _____ Date _____
HR Staffing Manager _____ Date _____
Position Control _____ Date _____
Human Resources Director _____ Date _____
Chief Human Resources Officer _____ Date _____
Sr. Deputy Superintendent/Chief of Staff _____ Date _____