

REFERENCE NUMBER: \_\_\_\_\_

**TRANSFER OR REASSIGNMENT FROM PRIMARY JOB FORM**

**Employee is leaving their primary job but remains a Broward County Public School employee in a temporary or substitute position**

**Attach this Form to the Reassignment or Transfer Action iForm**

EMPLOYEE INFORMATION		
TYPE OF EMPLOYEE: <input type="checkbox"/> INSTRUCTIONAL <input type="checkbox"/> NONINSTRUCTIONAL		
_____ LAST NAME	_____ FIRST NAME	_____ MI
_____ S.S. NUMBER		_____ SAP PERSONNEL NUMBER
_____ CURRENT LOCATION # AND LOCATION NAME		_____ CURRENT POSITION TITLE
LAST DATE IN PRIMARY JOB: _____		
I CURRENTLY HOLD THE FOLLOWING ADDITIONAL SUBSTITUTE OR TEMPORARY POSITION(S) AND WILL CONTINUE TO WORK IN ONE OF THESE ADDITIONAL POSITIONS.		
<i>Position # (8 digit ID#)</i>	<i>Organizational Unit (Location Name &amp; No.)</i>	<i>Assignment No. if applicable (Obtained from Info Type 0554)</i>

**If you held a position that entitled you to benefits, by signing this form, you understand that your benefits will end.**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_