

RECOMMENDATION FOR REASSIGNMENT OF
CONTINUING/PROFESSIONAL CONTRACT INSTRUCTIONAL PERSONNEL
FOR THE
20____ - 20____
SCHOOL YEAR

TO: TAYLOR COUNTY SCHOOL BOARD

I hereby recommend that _____
whose mailing address is _____
be reassigned to the position of _____ in the
_____ (School, Office, Center).

If period of employment extends beyond normal ten month contract, indicate the numbers of months to be worked, or additional duty days:

Date

Signature of Administrator, Principal,
Director, or Supervisor

Date

Signature of Director of Personnel

The person listed above was reassigned by the Taylor County School
Board on _____

Date

Signature of Superintendent

White — County Office; Yellow — School Office; Pink — Employee