



White Plains City School District

Employee Transfer Form

Date: _____

Employee Name: _____ Employee #: _____

Current Position: _____ Current Location: _____

Current Grade/Subject: _____

Certification Area: _____

Transfer: Current Employee Changing (Position, Department and/or Location)	
New Position: _____	New Department: _____
New Location: _____	Person Being Replaced: _____
Status: (Check one)	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part Time
Effective Date _____	

Notes: _____

Submitted by: _____ Title: _____

<i>Human Resources Internal Notes</i>	
Step/Level: _____	Salary: _____ Hourly Rate: _____ Budget Code: _____
Notes: _____	
Approved by _____	Date _____

Submit this completed form to Scott Pepper, Assistant Superintendent of Human Resources via email and/or the Human Resources at the Education House prior to an employee transfer being made. Once approved by Assistant Superintendent for HR, payroll will receive this form.

User Requires: (Check all that apply)

Email Account nVision Access Aesop MLP GNC

Completed By: _____ Title: _____

October 3, 2019