



**Boone County Schools**  
**CLASSIFIED**  
**Change of Assignment Notification**

To: \_\_\_\_\_  
(Current Supervisor)

Name: \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Location: \_\_\_\_\_

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New Position: \_\_\_\_\_

New Location: \_\_\_\_\_

I will be leaving my current position on \_\_\_\_\_ and will be starting the new position on the following date: \_\_\_\_\_.

I understand that it is my responsibility to notify both supervisors. I also understand that the start date for my new position will be two (2) weeks from the date that Human Resources notified me of the change of assignment, unless a shorter or longer period of time is mutually agreed to by both my current and future supervisor.

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_