

Crystal City Independent School District

Office of the Superintendent
Phone 830.374.2367 *** Fax 830.374.8004

REASSIGNMENT FORM

1. Person reassigned: _____

2. Current assignment:

Position Campus/Department

3. New assignment:

Position Campus/Department

4. Comments: (optional)

5. Signatures:

Verification of Present Supervisor Date

Verification of New Supervisor Date

6. Will be replacing: _____

Funding: _____

7. Approval: _____

Juan Orona _____
Human Resources Director Date

Roberto F. Velasquez _____
Business Office Manager Date

Rey Villarreal _____
Superintendent of Schools Date