



GENESEE INTERMEDIATE SCHOOL DISTRICT
Transportation Department
Request for Reassignment

Name _____ Job Classification _____
 Consideration for Posting # _____

Transportation employees wishing to be considered for an available position within the same job classification must complete a *Request for Reassignment* form and submit the completed form to Cindy Workman, Human Resources and Operations, 2413 West Maple Avenue, Flint MI 48507, prior to the closing date on the job posting(s). Forms may also be faxed to (810) 591-4899, to the attention of Cindy Workman, Human Resources and Operations.

Employee completes each section, provides written documentation, when appropriate, to support their request for consideration for reassignment, and signs the form at the bottom.

Work Experience: Total years of work experience with GISD special needs students _____

Current work schedule/bus route _____ Garage _____

Average hours per week in current assignment _____ Length of time in current assignment _____

Describe why you want to be considered for a change in your assignment.

Attendance

Describe any circumstances that should be considered that caused you to take time off work without pay in the past school year.

Have you ever received an attendance pay incentive since your employment at GISD? Yes No

If yes, list the year(s) and the amount of the pay incentive you received _____

Other Qualifications/Training/Considerations

Please indicate if you have had an opportunity to successfully complete any of the training listed below:

Diastat	Yes	No	Sign Language	Yes	No
Epipen	Yes	No	Vagus Nerve Training	Yes	No
Behavior Management	Yes	No	Trachael Suctioning	Yes	No

Describe any work situation where you have applied the skills you have learned as the result of your participation in staff development and training programs.

If you have participated in the tuition reimbursement program for the completion of college course work, please list the courses you have completed to date.

Other Qualifications/Training/Considerations (continued)

Has a transportation supervisor ever discussed with you a complaint from a parent, teacher, administrator/other employee, or a citizen? Yes No If yes, describe the complaint.

Is there anything in your latest employee evaluation that we should consider in your request for reassignment? Yes No

Have you volunteered for extra work, such as field trips (Yes No), moving buses (Yes No), filling in when we have been short of substitutes (Yes No)? If you are unable to volunteer for extra work, please describe the reason(s).

Are you available to work mid-day runs if one is added to your work schedule? Yes No If no, why: not?

Please describe any additional information that you would like us to have considered in your request for reassignment.

Consideration: Our goal is to have employees working in the assignment that best fits the needs of the students, the parents/guardians, the districts we serve, our employees and the needs of the district. Bargaining unit members who meet the qualifications, experience and competency, as well as other relevant factors consistent with Board policy, shall be given consideration in filling a vacancy within the bargaining unit. However, the district does retain the right to approve or disapprove all promotions/reclassifications, transfers/reassignments.

Employee Signature _____ Date _____

**Return the completed form to Cindy Workman, Human Resources and Operations,
2413 West Maple Avenue, Flint MI 48507 or fax to (810) 591-4899.**

Office Use Only

Date(s) employee was contacted _____ Starting date of reassignment _____

Reassignment Request Approved Yes _____ No _____

Comments _____

Program Administrator/Supervisor _____ Date _____