

INTRA-DISTRICT TRANSFER REQUEST

Complete the top portion of this form and have your present principal/director/supervisor sign and submit to the Human Resources Office. The original will be placed in your employee personnel file.

Name _____

Transfer initiated by:

- Teacher
- Teaching Assistant
- Other

Present Assignment _____

School _____

Transfer to: **Assignment**

Building

(1st Choice) _____ at _____

(2nd Choice) _____ at _____

(3rd Choice) _____ at _____

Reason for Transfer _____

- If the above vacancies do not exist, please disregard and return.
- Please keep this transfer active and on file.

Signature of Employee _____

Date _____

Signature of Present Supervisor* _____

Date _____

**Signature required but does not indicate agreement*

***** OFFICE USE ONLY*****

The transfer will officially be made by the Human Resources Office after receiving all signatures below. A letter of notification will be mailed to the applicant. Each transfer will be on file for one year from the date of request (Collective Bargaining Agreement, Article 3.3, Section A).

Signature of Director of Human Resources

Signature of Principal, Director, or Supervisor of **New** Assignment

Signature of Principal, Director, or Supervisor of **Present** Assignment

Signature of Assistant Superintendent

Prior to the effective date of transfer, the person being considered for transfer and/or anyone of the signatories may request review of this transfer. Request for review should be done through the Human Resources Office. (No transfer of personnel shall be made without consultation with the one involved. Information concerning the initial and final notification of transfer must be made to the person involved by his/his immediate supervisor.)

Disposition: APPROVED DISAPPROVED

Date _____ Superintendent of Schools _____