



# Request for Transfer or Reassignment Certificated Staff Only

(Form must be filled out by April 15  
to be applicable the following school  
year.)

Distribution of form:

1. Superintendent
2. Principal or Immediate Supervisor
3. Association
4. Employee

NAME: \_\_\_\_\_

Present Position: \_\_\_\_\_ School: \_\_\_\_\_

TRANSFER:

I hereby request transfer to *(include school, grade level and/or subject area)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## DISPOSITION

Approved \_\_\_\_\_ Effective Date \_\_\_\_\_

Disapproved \_\_\_\_\_

If disapproved, rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date