



# CERTIFICATED STAFF REQUEST FOR TRANSFER OR REASSIGNMENT

- COMPLETED FORM MUST BE SUBMITTED BY APRIL 15TH TO BE APPLICABLE FOR THE FOLLOWING SCHOOL YEAR.
- DISTRIBUTION OF FORM:
  1. SUPERINTENDENT
  2. PRINCIPAL OR IMMEDIATE SUPERVISOR
  3. ASSOCIATION
  4. EMPLOYEE

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

PRESENT POSITION: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

### DETAILS OF TRANSFER REQUEST:

I hereby request transfer from/to *(Include school, grade level & subject area, as applicable.)*

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Employee Signature

Date

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### DECISION

APPROVED: EFFECTIVE DATE OF TRANSFER \_\_\_\_\_

NOT APPROVED: RATIONALE (BELOW)

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Superintendent's Signature

Date