



# THE SCHOOL BOARD OF GADSDEN COUNTY

35 Martin Luther King, Jr. Blvd  
Quincy, Florida 32351  
Main: (850) 627-9651 or Fax: (850) 875-8757  
www.gadsschools.org

**Elijah Key**  
*Superintendent*  
Keye@gcpsmail.com

## Request to Transfer

Date \_\_\_\_\_

Name \_\_\_\_\_

Employee Identification Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Current Work Site \_\_\_\_\_ Position \_\_\_\_\_

Area of Certification (Instructional) \_\_\_\_\_

Expiration Date \_\_\_\_\_ Contract Status \_\_\_\_\_

List school(s) or position(s) in order of preference to which you wish to be transferred.

School/Location Preferred	Position Preferred	Years of Experience

Reason for Request

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

### Signature(s)

All statements in this application are true and accurate. I agree that any purposeful omission or false statements will be constitute grounds for immediate dismissal. I also understand that unless this application is completed in detail it will not be considered. I authorize GCSB to conduct a thorough background check to include, but not limited to, criminal history records.

Date \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Current Principal Signature: \_\_\_\_\_

Receiving Principal Signature: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_