

PERSHING COUNTY SCHOOL DISTRICT
TRANSFER AND/OR REASSIGNMENT FORM

NAME: _____ PRESENT SCHOOL: _____

ADDRESS: _____ HOME PHONE: _____

_____ Home EMAIL Address: _____

| |
|--|
| I am requesting a transfer and/or reassignment to _____ school to be considered for the position of _____ |
|--|

YEARS

EXPERIENCE: IN DISTRICT _____ PRESENT SCHOOL _____
PRESENT POSITION _____ OUTSIDE DISTRICT _____

SUMMARY OF PROFESSIONAL EXPERIENCE:

LICENSES NOW HELD:

| | |
|-------|-----------------|
| _____ | Expiration Date |
| _____ | Expiration Date |
| _____ | Expiration Date |

PREPARATION: MAJOR(S) _____
MINOR(S) _____

SPECIAL TRAINING RELEVANT TO THE POSITION REQUESTED:

EXTRACURRICULAR COMPETENCIES:

REASONS FOR DESIRING A TRANSFER AND/OR REASSIGNMENT:

Signature

Date

(Note: Though each request for transfer and/or reassignment will be given careful consideration, transfers/reassignments will only be made when necessary to meet the needs of the District.)