



SCCSD Teacher Transfer Request

Date:

To: Administrator, Personnel Services

From: SS#

Home Phone: Other Contact Number

It is requested that I be granted a transfer effective:

The first day of the
next school year

The earliest date
possible

The first day of the
quarter/semester

From: Subject/Area

TO (CHOICES)

1st Choice SUBJECT/AREA

2nd Choice

SUBJECT/AREA

3rd Choice

SUBJECT/AREA

***Elementary** shall indicate specific grade such as "Kindergarten", "Primary", or "Intermediate". etc.

***Secondary** shall indicate specific grade such as "Social Studies", "Science", "Language Arts", or "Art". etc.

NOTE: The Personnel Services Division cannot assure assignment to any specific subject or grade level as this is the prerogative of the School Principal/Division Head.

I UNDERSTAND THE FOLLOWING STIPULATIONS

1. This request is valid only for one (1) year and if no transfer occurs, a request again is required.
2. Refusal to accept a requested transfer shall void the transfer request.
3. A transfer can only be made to a vacant teaching position.
4. A transfer requires that a teacher meet the qualifications and certification for the position.
5. The releasing and receiving school principals/division heads must approve the transfer.

Teacher's Signature

Date

Releasing Principal/Division Head

Receiving Principal/Division Head

Approved

Approved

Disapproved

Disapproved

Comments:

Comments:

DO NOT WRITE BELOW - FOR PERSONNEL SERVICES DIVISION

To: Personnel Specialist

Date

Signature of Administrator, Personnel Services