



# Teacher Transfer Request Form

Date:

To: Administrator, Assistant Superintendent

From:  SS#

Home Phone:  Other Contact Number

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It is requested that I be granted a transfer effective:

The first day of the next school year

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From:  Subject/Area

TO (CHOICES)

1st Choice  SUBJECT/AREA

2nd Choice  SUBJECT/AREA

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

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

**NOTE:** The Personnel Office cannot assure assignment to any specific subject or grade level as this is the prerogative of the School Principal.

**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 must approve the transfer.

Teacher's Signature

Date

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Releasing Principal

Receiving Principal

Approved

Approved

Disapproved

Disapproved

Signature

Signature

**\*Staff must print the request, acquire signatures, and forward to the Assistant Superintendent.**

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**DO NOT WRITE BELOW - FOR PERSONNEL OFFICE**

To: Personnel Specialist

Date

Signature of Administrator, Personnel Services