# TRANSFER GUIDELINES



### **EMPLOYEE TRANSFERS**

All District transfer requests may be turned in at any time. Even though an employee requests a transfer, a transfer is not automatically guaranteed. All transfer requests will be approved in the best interest of the District.

All employee-initiated transfer requests:

- Must be made on the Tuloso-Midway "Request for Employee Transfer" form.
- Must be signed by the present supervisor,
- Must include a letter of recommendation from the principal
- Must be submitted to the Director of Staff Services and **not to the individual principals** of the campus where the employee is requesting a transfer to.
- ➤ Must be approved by the sending supervisor, the receiving supervisor, and the Director of Staff Services
- The final decision on all transfer requests is the Superintendent of the Schools

#### NOTE:

All campuses must notify personnel of any internal changes of personnel within campus immediately for coding purposes.

Supervisor / Administrative initiated transfers

- A supervisor must fill out the Administrative initiated transfer form
- Must be submitted even when you are moving a teacher from one grade level to another or if you are giving them a different subject assignment.
- ➤ Submit the form to the Director of Staff Services.



# REQUEST FOR EMPLOYEE TRANSFER

| Employee Name                       | Years at TMISD                                     |
|-------------------------------------|--|
|                                     |  |
| Present Campus                      | Years at Present Campus                            |
|                                     |  |
|                                     |  |
| Information on Current Assignment   |  |
| Grade                               |  |
| Subject/Assignment                  |  |
|                                     |  |
|                                     |  |
| Information on the Desired transfer | List all areas for which you hold a valid Teaching |
| Campus                              | Certificate for:                                   |
|                                     |  |
| Grade                               |  |
| Subject/Assignment                  |  |
|                                     |  |
| Reason for Transfer Request         |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
| Employee Signature                  | Date   |
|                                     |  |
| Present Supervisor's Signature      | ☐ Approve Disapprove ☐                             |
| Receiving Supervisor's Signature    | ☐ Approve Disapprove ☐                             |
| Accessing Supervisor 5 Signature    | <u> Дриче різаррічче </u>                          |
| Director of Staff Services          | ☐ Approve ☐ ☐                                      |
|                                     |  |



## SUPERVISOR/ADMINISTRATIVE INITIATED TRANSFER FORM

| Employee Name  |   |         | Present Campus |  |  |
|--|---|---------|----------------|--|--|
|  |   |         |                |  |  |
|  |   |         |                |  |  |
| Social Security Number   |   |         |                |  |  |
| and the state of t |   |         |                |  |  |
| Information on Current Assignment  |   |         |                |  |  |
| Grade  |   |         |                |  |  |
| Subject/Assignment   |   |         |                |  |  |
|  |   |         |                |  |  |
| Information for which transfer is being made   |   |         |                |  |  |
| information for which transfer is being made   |   |         |                |  |  |
| Campus   |   |         |                |  |  |
|  |   |         |                |  |  |
| Grade: Subject/Assignment  |   |         |                |  |  |
| Reason for Transfer  |   |         |                |  |  |
|  |   |         |                |  |  |
|  |   |         |                |  |  |
|  |   |         |                |  |  |
|  |   |         |                |  |  |
| Present Supervisor's Signature   |   | Approve | Disapprove     |  |  |
|  |   |         |                |  |  |
| Receiving Supervisor's Signature   |   | Approve | Disapprove     |  |  |
| ATTOCK TO A STATE OF THE STATE  |   | PP-010  | 2.200 pro 10   |  |  |
| Director of Staff Services   |   | Approve | Disapprove     |  |  |
| Director of Staff Services   | Ш | Approve | Disappione [   |  |  |