

Port Arthur Independent School District

4801 9th Avenue  
Port Arthur, Texas

**APPLICATION FOR TRANSFER  
ADJUNCT TEACHER**

School Year Requesting \_\_\_\_\_ Effective Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Street/P.O. Box City, State Zip

Present School \_\_\_\_\_ Present Assignment \_\_\_\_\_

Area Certified \_\_\_\_\_

	School Requested	Assignment Requested	Receiving Principal
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Reason for Request \_\_\_\_\_

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

Teacher's/Employee Signature/Date \_\_\_\_\_ Present Principal's Signature/Date \_\_\_\_\_

I do/do not recommend approval of this transfer request.

Accepting Principal \_\_\_\_\_ Date \_\_\_\_\_

New School \_\_\_\_\_ Director of Human Resources \_\_\_\_\_  
Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_

Assistant Superintendent for School Leadership and Business Relationship  
Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_