

# NOTICE OF TRANSFER

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee Payroll Number

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_

Dr. \_\_\_\_\_ Miss \_\_\_\_\_

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle Initial)

\_\_\_\_\_  
\*New Position

\_\_\_\_\_  
School / Department

\_\_\_\_\_  
Old Position

\_\_\_\_\_  
School / Department

**Indicate One:**

Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

Summer \_\_\_\_\_

Temporary \_\_\_\_\_

\_\_\_\_\_  
\*Position or Job Classification

\_\_\_\_\_  
(hours / months / days)

\_\_\_\_\_  
Date of Transfer

\_\_\_\_\_  
Approved By

\*Please indicate specific information regarding grade level, regular education or special education / Chapter 1, etc.

Example: Regular, Kindergarten Teaching Assistant

Example: 9<sup>th</sup> Grade, Special Education Teacher

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## THIS SECTION TO BE COMPLETED BY CENTRAL OFFICE STAFF

\_\_\_\_\_  
Rate of Pay

\_\_\_\_\_  
Per (Hour/Week/Yr)

\_\_\_\_\_  
Overtime

\_\_\_\_\_  
Step

\_\_\_\_\_  
Level

\_\_\_\_\_  
Account Code

**(Send form to payroll office after request has been approved by Associate Superintendent of Personnel)**