

# MICHIGAN CITY AREA SCHOOLS CERTIFICATED EMPLOYEE'S REQUEST FOR TRANSFER

Name \_\_\_\_\_ Date \_\_\_\_\_

PRESENT ASSIGNMENT: (If part-time assignment, state the percentage contract \_\_\_\_\_)

School \_\_\_\_\_ Grade or Subject \_\_\_\_\_

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ASSIGNMENT TO WHICH YOU SEEK TRANSFER:

School \_\_\_\_\_ Grade or Subject \_\_\_\_\_

Have you previously taught in the building to which you seek transfer?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If answer is YES, state year last taught there \_\_\_\_\_)

Were you **involuntarily** transferred from this building?

YES \_\_\_\_\_ NO \_\_\_\_\_

Reason for requesting this transfer: (If other than a return from an involuntary transfer)

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

\_\_\_\_\_  
Applicant's Signature

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Recommended: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Receiving Principal or Director

Comments: \_\_\_\_\_

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

Date: \_\_\_\_\_

Recommended: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Appropriate Assistant

\_\_\_\_\_  
and/or Director

Date: \_\_\_\_\_

Approved: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Superintendent

Date: \_\_\_\_\_