



**TRANSFER FORM – CERTIFIED STAFF**

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

Current Location \_\_\_\_\_ Position \_\_\_\_\_

New Location \_\_\_\_\_ Position \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

Additional GACE exam required? YES / NO If yes, which GACE? \_\_\_\_\_

Transfer was \_\_\_\_\_ Requested by Employee or \_\_\_\_\_ Requested by Administration

Employee's Signature \_\_\_\_\_

Effective Date \_\_\_\_\_

Number Hours \_\_\_\_\_ Number Days \_\_\_\_\_ Replacing \_\_\_\_\_

Signature of Principal / Supervisor (Current) \_\_\_\_\_

Signature of Principal / Supervisor (New Site) \_\_\_\_\_

Transfer is \_\_\_\_\_ Denied \_\_\_\_\_ Granted

Initials of Personnel Director \_\_\_\_\_ Date on Personnel Report \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
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