

**ORANGEBURG COUNTY SCHOOL DISTRICT  
TRANSFER REQUEST**

**Section I. (To be completed by the employee)**

The employee requesting a transfer must complete and return this form to the Office of Human Resource Services no later than Friday, February 14, 2025 in order to be considered for a transfer for the next academic year. Personnel will be assigned, first, in accordance with the needs of the district and its students; second, where the administration believes the employee is most qualified to serve; and third, as to the expressed preference of the employee. Copies of the completed form will be sent to the appropriate principals.

\_\_\_\_\_  
**PERSON REQUESTING THE TRANSFER (Please Print)**

\_\_\_\_\_  
**SCHOOL YEAR TRANSFER REQUESTED**

SCHOOL/LOCATION PRESENTLY WORKING: \_\_\_\_\_

SUBJECT(S)/GRADE(S) PRESENTLY TEACHING: \_\_\_\_\_

MY CERTIFICATION AREA(S) IS/ARE: \_\_\_\_\_

REASON FOR TRANSFER REQUEST: \_\_\_\_\_

EVALUATION RESULTS (Certified Personnel Only): \_\_\_\_\_ Met \_\_\_\_\_ Not Met \_\_\_\_\_ Needs Improvement

I am requesting a transfer to the following school(s):

	<u>SCHOOL(S)</u>		<u>SUBJECT(S)/GRADE(S)</u>
1 <sup>st</sup> Choice	_____	1 <sup>st</sup> Choice	_____
2 <sup>nd</sup> Choice	_____	2 <sup>nd</sup> Choice	_____
3 <sup>rd</sup> Choice	_____	3 <sup>rd</sup> Choice	_____

\_\_\_\_\_  
Signature of person making the request

\_\_\_\_\_  
Date

**NOTE: This form must be signed and dated to be valid.**

**Section II. (To be completed by Office of Human Resource Services)**

<p><b>The transfer request for _____ has been granted/has not been granted. He/She will be transferred to _____ effective the _____ school year.</b></p> <p><b>Signature: _____ Date: _____</b> <b>Transferring Principal</b></p> <p><b>Signature: _____ Date: _____</b> <b>Receiving Principal</b></p> <p><b>Signature: _____ Date: _____</b> <b>Assistant Superintendent of Human Resources or Designee</b></p> <p><b>Copies to: _____</b></p>
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