



## Staff District Transfer Request

**NAME:** \_\_\_\_\_

**CURRENT SITE:** \_\_\_\_\_ **CURRENT ASSIGNMENT:** \_\_\_\_\_

**NEW SITE:** \_\_\_\_\_ **NEW ASSIGNMENT:** \_\_\_\_\_

**DURATION:**  Regular Contract      **EFFECTIVE DATE:** \_\_\_\_\_  
 Duration of Need

**REASON FOR YOUR TRANSFER REQUEST:** \_\_\_\_\_

**IMPORTANT:** *Please apply online for all positions you are interested in being considered for transfer.*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY:

**NAME OF PERSON REPLACING AT NEW SITE:** \_\_\_\_\_

**REASON FOR VACANCY AT NEW SITE:**

- |   |   |
|---|---|
| <input type="checkbox"/> Resignation        | <input type="checkbox"/> LOA                    |
| <input type="checkbox"/> Retirement         | <input type="checkbox"/> New Position           |
| <input type="checkbox"/> Transfer           | <input type="checkbox"/> Termination            |
| <input type="checkbox"/> D of N Not Retired | <input type="checkbox"/> Modification of Duties |

**IS THIS POSITION GRANT OR TITLE FUNDED?**  YES  NO      **PROJECT CODE:** \_\_\_\_\_

**NEEDS EMERGENCY CERTIFICATION?**  YES  NO

**EMPLOYEE CLASSIFICATION:**  CERTIFIED      **AREA(S) OF CERTIFICATION:** \_\_\_\_\_  
 SUPPORT

**COMMENTS:** \_\_\_\_\_

### APPROVALS:

\_\_\_\_\_  
Current Principal/Supervisor

\_\_\_\_\_  
New Principal/Supervisor