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 12, 2027** in order to be considered for a transfer for the next academic year**.** Certified employees should email completed forms to Dr. Dyisha R. Taylor (*Dyisha.Taylor@ocsdsc.org*); classified employees to Dr. Sharon F. Hampton (*Sharon.Hampton@ocsdsc.org*). 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):

	SCHOOL(S)		SUBJECT(S)/GRADE(S)
1st Choice	_____	1st Choice	_____
2nd Choice	_____	2nd Choice	_____
3rd Choice	_____	3rd 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)*

The transfer request for _____ has been granted/has not been granted. He/She will be transferred to _____ effective the _____ school year.

Signature: _____ Date: _____
Transferring Principal

Signature: _____ Date: _____
Receiving Principal

Signature: _____ Date:_____
Assistant Superintendent of Human Resources or Designee

Copies to: _____ _____