

CLASSIFIED TRANSFER REQUEST FORM

Contact Information	Name			Date of Request
	Address			Phone
	City	State	Zip	Email
Current Position	Building			Years Employed in District
	Position			
Building & Assignment Requested	Building			
	Position			
ACKNOWLEDGEMENT				
Individual Requesting Transfer			Current Supervisor's Signature	

To be completed by current supervisor:

Number of employee absences during current school year (if more than 12 please explain):

To the best of my knowledge, this employee is in good standing with the District, and in compliance with District policies and procedures

Yes _____ No _____

Is this employee on an improvement plan?

Yes _____ No _____

I would rehire this person if given the opportunity

Yes _____ No _____

Signature: _____ Date: _____

RECEIVING BUILDING ADMIN USE ONLY	
Date of Approval/Disapproval:	Admin Signature
Reassignment:	
Building	Subject/Grade
Extra Duty Days	Supplements