

# 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			
<b>ACKNOWLEDGEMENT</b>				
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: \_\_\_\_\_

<b>HUMAN RESOURCES OFFICE USE ONLY</b>	
Date of Approval/Disapproval:	Approved By
Reassignment:	
Building	Position
Extra Duty Days	Supplements