

Magnolia School District

REQUEST FOR TRANSFER -- Certificated Personnel (To remain in effect until September 30)

EMPLOYEE NAME (Please Print):

LOCATION:

CURRENT ASSIGNMENT:

TRANSFER REQUESTED BY: Employee _____ District Administration: _____

ASSIGNMENT REQUESTED FOR THE 20____ / 20____ SCHOOL YEAR:

First choice Location
 Grade/Assignment

Second choice Location
 Grade/Assignment

Third choice Location
 Grade/Assignment

REASON FOR TRANSFER REQUEST:

SIGNATURE (Employee):

DATE:

THE PROPOSED TRANSFER IS: Acceptable _____ Not acceptable _____

SIGNATURE (Employee's Supervisor):

DATE:

DATE REQUEST RECEIVED IN HUMAN RESOURCES:

THE REQUESTED TRANSFER IS: Acceptable _____ Not acceptable _____

COMMENTS:

NEW LOCATION:

NEW GRADE/ASSIGNMENT:

EFFECTIVE BEGINNING: _____ / _____ / _____

SIGNATURE (Executive Director, Human Resources & Technology)

DATE

SIGNATURE (Employee)

DATE

Distribution: White: Personnel file Yellow: Current supervisor Pink: New supervisor Goldenrod: Employee