

TRANSFER REQUEST FORM FOR CERTIFIED PERSONNEL

SYLACAUGA CITY BOARD OF EDUCATION

Sylacauga, Alabama

NOTE: This form shall be completed and submitted to the employee's immediate supervisor/principal; the supervisor/principal of the desired location; and the Assistant Superintendent, Personnel and General Services.

I WISH TO BE CONSIDERED FOR A TRANSFER

FROM _____
(SCHOOL / WORK SITE)

AS _____
(POSITION)

TO _____
(SCHOOL / WORK SITE)

AS _____
(POSITION)

I REQUEST THIS TRANSFER FOR THE FOLLOWING REASON(S): _____

Signature

Date

ACTION TAKEN: () APPROVED () DISAPPROVED () RETAIN IN TRANSFER FILE

*Superintendent
Personnel and General Services*

Date

NOTE: This request is only valid for the existing vacancy.