

**TRANSFER REQUEST FORM FOR CLASSIFIED PERSONNEL**  
**SYLACAUGA CITY BOARD OF EDUCATION**  
Sylacauga, Alabama

\*\*\*\*\*

**Note:**

This form shall be completed and submitted to the employee's immediate supervisor/principal.

I am an employee and 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

\_\_\_\_\_  
Date

**NOTE: This request is valid for one calendar year only!**