



# RICHLAND SCHOOL DISTRICT TWO TRANSFER REQUEST FORM

**Transfer Deadline:** This form must be received in the personnel office prior to April 1<sup>st</sup> (certified staff)/ May 15<sup>th</sup> (classified staff) of the current year. Applicants for transfer will be hired for vacant positions no later than May 1 (certified staff)/ June 15 (classified staff). Transfer requests must be made annually.

**To:** Director of Personnel

**Please Print**

**Name:** \_\_\_\_\_ **Current School:** \_\_\_\_\_

I hereby request a lateral transfer from my current position as \_\_\_\_\_

at \_\_\_\_\_ for the \_\_\_\_\_ school year.  
Name of School

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please initial the following statements:**

I am aware that a transfer request makes me eligible to be considered for a position but does not guarantee me an interview or transfer into a different position.

I understand that I will participate in formal evaluation for the school year in which I receive a transfer to another assignment.

I verify that I am Highly Qualified for any position into which I seek to transfer according to "No Child Left Behind" guidelines, if applicable to the position I seek.

**Please complete the following statements:**

Areas of certification include the following: \_\_\_\_\_  
\_\_\_\_\_

I wish to be considered for the following positions and schools:

<u>Location</u>	<u>Position (Grade/Subject)</u>
_____	_____
_____	_____
_____	_____

**Please have your Principal acknowledge the Transfer Request:**

I am aware that \_\_\_\_\_ is requesting a lateral transfer from \_\_\_\_\_ School for the \_\_\_\_\_ school year.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_