

MITCHELL SCHOOL DISTRICT NO. 17-2  
CLASSIFIED  
TRANSFER REQUEST

Name of employee: \_\_\_\_\_

Present assignment: \_\_\_\_\_ Hrs./Day \_\_\_\_\_

Building: \_\_\_\_\_

Number of years in present assignment: \_\_\_\_\_

Assignment (s) requested: \_\_\_\_\_ Hrs./Day \_\_\_\_\_

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1) Building \_\_\_\_\_ Area \_\_\_\_\_

Is there a known vacancy? \_\_\_\_\_

Reason(s) for request: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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Decision on request: \_\_\_\_\_ Effective Date \_\_\_\_\_

Hrs./Day \_\_\_\_\_ Salary \_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_