



## District Transfer Form

Employee's Name to Transfer \_\_\_\_\_

Exchanging Employee? Yes\_\_\_ No\_\_\_ If yes, employee's name \_\_\_\_\_

Current Campus Assignment \_\_\_\_\_

Campus Transferring to \_\_\_\_\_

Starting Date \_\_\_\_\_

Employee's Acknowledgment \_\_\_\_\_ Date \_\_\_\_\_

Referring Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepting Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Assistant Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Send a copy of this completed form to Human Services and Payroll.*