



District Transfer Form

Employee's Name wishing 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 _____

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