

Frenship ISD: Seek Perfection – Capture Excellence!!

Staff Transfer Request Form

NAME: _____ Current Assignment: (Grade/Subj/Campus): _____

This form is a “request” to be transferred to another campus. Our goal for this process is to fill positions that will be created by grade reconfigurations, new positions, and/or resignations as they are given. Please complete the information below.

DIRECTIONS: (Please print or type)

1. Complete and sign Section I of this form. Please be specific as to campuses requested.
2. Submit this form to your campus principal – and obtain his or her signature.
3. Send this form to the Department of Human Resources.

PLEASE NOTE: (a) Professional employees can only be considered for a transfer in the area(s) in which they are “Highly Qualified,” as determined by the Every Student Succeeds Act (ESSA) and Chapter 231 of the Texas Administrative Code (b) The information on this form will be made available to all principals. (c) Teachers with identified deficiencies on TTESS are not eligible to transfer (d) **You must have served at least 3 consecutive years on your current campus in order to be eligible to request a transfer** (e) **Position must be on a different pay grade, include more or less working days per year or has added responsibilities.**

NOTE: Please be sure of your responses below. After you submit this form, it **MAY NOT BE RESUBMITTED.**

SECTION I: (To be completed by employee) Type of position sought (check one)

Teacher/Professional

Paraprofessional

Grade Level Preferences:

1st _____

2nd _____

3rd _____

Campus Preferences:

1st _____

2nd _____

3rd _____

Subject or Job Preferences:

1. _____

2. _____

3. _____

The HR department will work with Administrators to fill positions. Your preferences will be taken into consideration and honored if possible. **Submitting this form does not guarantee a transfer to the desired campus or position.**

Employee Signature: _____ **Date:** _____

SECTION II: (To be completed by principal or supervisor)

COMMENTS (Optional) _____

Principal's signature _____ Date: _____

Please check:

- Approve request
 Disapprove

