

**CRYSTAL CITY INDEPENDENT SCHOOL DISTRICT
TRANSFER REQUEST FORM**

- Teacher transfer requests will be considered if received by the personnel department By April 30, preceding the school year for which the transfer is desired.
- Proper qualifications, including certification, for the requested transfer is necessary.
- Send a signed, completed form to the personnel office.
- The personnel office will contact you only if the receiving principal or supervisor Requests an interview.

Employee Information:

Name _____ Social Security number _____

Home address _____

Home phone number _____

Current assignment (campus, subject, grade) _____

Certification (subject, grade level) _____

Professional training and experience _____

Transfer Request Information:

Reason for request _____

Specific assignment requested:

First choice _____

Campus/Department

Subject, Grade Level, Position

Second choice _____

Campus/Department

Subject, Grade Level, Position

Verification:

Employee signature _____ Date _____

Supervisor signature _____ Date _____

For office use only:

Denied

Approved Campus _____ Date _____

Receiving Principal Signature _____

Superintendent Signature _____