

**CENTER INDEPENDENT SCHOOL DISTRICT**  
**Transfer Request Form**

*Proper qualifications, including certification, for the requested transfer are necessary for consideration.*

**Employee Information:**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Current Campus/Dept.: \_\_\_\_\_

Current Assignment: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Subject: \_\_\_\_\_

Current Certification(s): \_\_\_\_\_

**Specific Assignment Requested:**

First Choice:

F L Moffett     Elementary     Middle School     High School     Roughrider Academy

Assignment: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Second Choice:

F L Moffett     Elementary     Middle School     High School     Roughrider Academy

Assignment: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Reason For Request: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Department Supervisor Signature (if required)

\_\_\_\_\_  
Date

**Receiving Supervisor's Recommended Assignment**

F L Moffett     Elementary     Middle School     High School     Roughrider Academy

Assignment: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Position Replaced: \_\_\_\_\_

\_\_\_\_\_  
Receiving Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Receiving Dpartment Supervisor (if required)

\_\_\_\_\_  
Date

**Human Resources Evaluation**

Certified:  Yes     No \_\_\_\_\_

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

Approved

Denied

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date