



SOCORRO INDEPENDENT SCHOOL DISTRICT

Employee Transfer Request Form

DK: Assignment and Schedules

Part 1 - Employee Information

Full Name: _____

Employee Number: _____

Address: _____

Work Phone: _____

Current Campus: _____

Current Assignment: _____

Areas - Certification/Experience

1. _____

2. _____

3. _____

School - Preference

1. _____

2. _____

3. _____

Subject Grade Preference: CERTIFIED EMPLOYEES- Only

1. _____

2. _____

3. _____

Reason for Request (Please Check Only One)

Closer to home

Conflict of Interest

Family Personal

Professional Growth

Other (please explain)

SIGNATURE AFFIRMS THAT YOU HAVE READ AND REVIEWED ADMINISTRATIVE REGULATION DK THAT EXPLAINS THE DISTRICT TRANSFER POLICY

Employee Signature _____

Date _____

For Human Resources Use ONLY

Receiving Principal/Administrator: _____

Date: _____

Human Resources Director: _____

Date: _____

Chief Human Resources Officer: _____

Date: _____