

Gladewater Independent School District
Request to Transfer

(a copy of your most recent evaluation must accompany this form)

Instructional Position_____

Non-Instructional Position_____

Name:_____ Date:_____

Current Assignment/Grade Level_____

Current Campus/Dept._____

Certifications:_____

Experience:_____

Request to Transfer to:_____

Assignment/Grade Level:_____

Reason for Transfer Request:

If you have relatives working at the campus or dept. that you have requested above, please complete the following information:

Name	Relationship	Campus/Dept.	Assignment
1.			
2.			
3.			

Signature

Date

Current Principal/Supervisor Signature

Date

Transferring Principal/Supervisor Signature

Date

Superintendent/Asst. Superintendent Signature

Date