

# 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