

REQUEST FOR TRANSFER OR REASSIGNMENT
Presidio Independent School District

1. NAME: _____ CAMPUS: _____

2. CURRENT ASSIGNMENT: _____

3. I request the transfer and/or reassignment to:

_____ effective _____
Campus (Beginning Date)

4. My reasons for this request include the following:

(Applicant's Signature)

(Date)

Receiving Campus Principal's Signature

(Date)

_____ Approved _____ Disapproved (check one)

Procedures: Complete this request for Transfer/Reassignment Form and return it to your principal. This must be turned in by _____.

Guidelines: Consideration of a request for a transfer and/or reassignment will be based on several factors. These include the qualifications of the applicant, the availability of vacancies, the number of requests received, and the specific organizational and instructional needs on each campus and in each subject area and grade level.

Do Not Write Below This Line

For Personnel Office Use Only

ACTION TAKEN:

1. _____ Requested denied. Reasons:

2. _____ Approved as submitted

3. _____ Approved as follows:

Date Action Taken

Superintendent's Signature