

**ORANGEBURG COUNTY SCHOOL DISTRICT
TRANSFER REQUEST**

Section I. (To be completed by the employee)

The employee requesting a transfer must complete and return this form to the Office of Human Resource Services no later than Friday, February 14, 2020 in order to be considered for a transfer for the next academic year. Personnel will be assigned, first, in accordance with the needs of the district and its students; second, where the administration believes the employee is most qualified to serve; and third, as to the expressed preference of the employee. Copies of the completed form will be sent to the appropriate principals.

PERSON REQUESTING THE TRANSFER (Please Print)

SCHOOL YEAR TRANSFER REQUESTED

SCHOOL/LOCATION PRESENTLY WORKING: _____

SUBJECT(S)/GRADE(S) PRESENTLY TEACHING: _____

MY CERTIFICATION AREA(S) IS/ARE: _____

REASON FOR TRANSFER REQUEST: _____

EVALUATION RESULTS (Certified Personnel Only): _____ Met _____ Not Met _____ Needs Improvement

I am requesting a transfer to the following school(s):

	SCHOOL(S)		SUBJECT(S)/GRADE(S)
1st Choice	_____	1st Choice	_____
2nd Choice	_____	2nd Choice	_____
3rd Choice	_____	3rd Choice	_____

Signature of person making the request

Date

NOTE: This form must be signed and dated to be valid.

Section II. (To be completed by Office of Human Resource Services)

The transfer request for _____ has been granted/has not been granted. He/She will be transferred to _____ effective the _____ school year.

Signature: _____ Date: _____
Transferring Principal

Signature: _____ Date: _____
Receiving Principal

Signature: _____ Date: _____
Chief Human Resource Services Officer or Designee

Copies to: _____