

LOWNDES COUNTY SCHOOLS

EMPLOYEE TRANSFER REQUEST

INSTRUCTIONS FOR EMPLOYEE INITIATED TRANSFER REQUEST

For purposes of this employee initiated transfer request, the releasing and receiving principals must both approve the request. Certificated employees must meet the applicable in-field certification requirements.

It shall be the responsibility of the employee to ensure that sections 1 and 2 are completed:

- 1. **Employee** Complete Section 1 and present the form to your current principal/director.
- 2. **Current Principal/Director** Complete the appropriate part of Section 2. Return the form to the employee.
- 3. **Employee** If your request was approved by your Current Principal/Director, present the form to the Receiving Principal/Director.
- 4. **Receiving Principal/Director** Complete the appropriate part of Section 2, provide the name of the employee who is being replaced, the Job ID#, and return the form to the employee.
- 5. **Employee** Scan and forward the form to Sharen Watkins in the Human Resources Department via email.
- 6. **Human Resource Department** Return a copy of the completed form to the employee and the releasing and receiving principal/director.

| Doto | |
|-----------------------------------|--|
| Date | |
| Name | Employee # |
| Last | First |
| Current School/Facility | Current Grade/Field/Position |
| Request Transfer To | |
| Desired School/Facility | Desired Grade/Field/New Position |
| transfer will impact student achi | nale for Transfer: Please state why you want to transfer. Please explain how the evement, professional development and help meet system needs. Certificated able in-field certification requirements. <i>Use bottom of page 2 if necessary</i> . |
| | |
| | |
| | |

Date

Employee's Signature

| Releasing Principal/Director TRANSFER APPROVED (Required for Transfer) | | Receiving Principal/Dir | rector Filling position previously held by | |
|---|--------------------|---------------------------------------|--|--|
| | | TRANSFER APPF (Required for Transfer) | ROVED JOB ID#: | |
| Release Date | | Starting Date | | |
| TRANSFER NOT APPROVED | | TRANSFER NOT APPROVED | | |
| Signature | Date | Signature | Date | |
| ~~~~~~ | ***SECTION 3 – HUM | AN RESOURCES USE ONLY | ~~~~~~~ /*** | |
| Signature | | Date | | |

ADDENDUM FOR RATIONALE FOR TRANSFER