

**Nacogdoches Independent School District
Employee Voluntary Transfer Request for 2020/2021**

DUE NO LATER THAN May 1, 2020

(From One Campus or Department to another Campus or Department)

Section I (To be completed by Teacher/Staff Member)

Name _____
Current Position: _____
Current Grade Level: _____ Current Campus: _____
Teacher's Signature _____ Date _____
Grade(s)/Assignment(s) for which you wish to be considered _____
Campus(s) for which you wish to be considered _____

Section II (To be completed by Current Principal and/or Department Administrator)

I am aware the above mentioned teacher is considering a transfer for the next school year.

Principal's Signature _____ Date _____

Section III (To Be Completed by Receiving Principal)

My signature indicates that I agree to honor the transfer requested of the above named teacher, pending final approval of the Human Resources Department.

Principal's Signature _____ Date _____

Assignment _____ Campus _____

Reason for this vacancy: Resignation/Retirement Transferred New Position Other

Section IV (To be completed by Human Resources Department)

Approved by: _____ Rejected by: _____
_____ Certification Held for New Position
_____ Salary Change is Not Involved Funding Source _____
_____ Salary Change is Involved Budget Source _____

Comments:

Copies To: Teacher/Employee Special Education Title/GT Curriculum Department
Affected Principals _____ Support Services