

EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
TEACHER TRANSFER AND NTP LATERAL REQUEST AND APPROVAL FORM
2010-2011 SCHOOL YEAR

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REQUEST SECTION:

Instructions: Please fill out the request section of this form and return to the Personnel Office by Thursday, June 10, 2010 at 6:00 p.m. Both current and receiving principal must agree on the transfer request.

Name: _____ Address: _____

Employee Number: _____ Home Phone #: _____

School: _____

Present Assignment/Subject _____ Grade Level: _____

I would like to transfer to:

School: _____

Subject: _____

Grade Level: _____

PLEASE INDICATE IF YOU ARE FULLY CERTIFIED FOR THE SUBJECT AND GRADE LEVEL FOR THE NEW POSITION WHICH YOU ARE REQUESTING:

_____ Explanation: _____
Yes No

Comments/Reason: _____

Current Principal's Signature: _____ Date: _____

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APPROVAL SECTION:

Instructions: The receiving principal who approves this transfer must sign the form below. The request does not become official until it has received the Superintendent's approval. Completed form must be returned to the Personnel Office by the employee by Thursday, June 10, 2010 at 6:00 p.m.

I approve of this transfer to my campus for the position of _____ to
replace _____ at _____ School.

Receiving Principal's Signature: _____ Date: _____

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TO BE PROCESSED BY THE PERSONNEL OFFICE:

Director of Personnel Date Superintendent Date

PLEASE DUPLICATE THIS FORM AS NECESSARY.

TRANSFER REQUESTS WILL NOT BE CONSIDERED AFTER THE JUNE 10, 2010 DEADLINE.