



TRANSFER REQUEST FORM ROSWELL INDEPENDENT SCHOOL DISTRICT

EMPLOYEE NAME _____

CURRENT LOCATION: _____

CURRENT POSITION: _____

DATE SUBMITTED: _____

THIS FORM MUST BE SUBMITTED FOR EACH POSITION THAT THE EMPLOYEE IS INTERESTED IN BEING TRANSFERRED TO. COMPLETED FORMS MUST BE RETURNED TO HUMAN RESOURCES BEFORE THE CLOSING DATE OF THE POSTED VACANCY.

TYPE OF TRANSFER REQUESTED

BUILDING: _____

ASSIGNMENT: _____

COMMENTS: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

TYPE OF TRANSFER REQUESTED

BUILDING: _____

ASSIGNMENT: _____

COMMENTS: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

FORM MUST BE SIGNED BY SUPERVISOR

DATE RECEIVED BY HR: _____

RECEIVED BY: _____