Transfer Request Form for Certified Personnel Athens City Board of Education

NOTE: This form shall be completed and submitted to the employee's immediate supervisor/principal and Superintendent.

			as _		
School/Work Site				Position	
to			as		
School/Work Site				Position	
I request this tra	nsfer f	or the following	reason(s):		
				Signature	
				Date	
Action Taken:	()	Approved	()	Disapproved	
	()	Retain in Transfer File			
				Signature	
				0	
				Date	
				Date	

NOTE: This request is valid for one calendar year only.