SEVIER SCHOOL DISTRICT
TRANSFER REQUEST

EMPLOYEE'S NAME _____SOC. SECURITY # _____-_____-_____

1. PRESENT POSITION: _____
(Write in specific job - teacher, secretary, custodian, etc.)

LOCATION:_____
(Write in school name, maintenance shop, district office, etc.)

POSITION (Mark one and complete blanks):

_____Full Time: _____hours per day _____ days per week __ weeks per year

_____ month contract

_____Part Time: _____ hours per day _____ days per week ___ weeks per year

_____ month contract

SUGGESTED TERMINATION DATE: _____

II. POSITION REQUESTED _____
(Write in specific job - type of teacher, secretary, etc.)

LOCATION: _____
(Write in school name, district office, or other location in district)

POSITION (Mark one and complete blanks for one identified):

_____Full Time: _____hours per day _____ days per week __ weeks per year

_____month contract

_____Part Time: _____ hours per day _____ days per week ___ weeks per year

_____month contract

BEGINNING DATE: _____

III. REASON(S) FOR REQUEST: _____

_____

_____

_____

_____ _____
(Employee's Signature) (Date of Request)

_____
Present Administrator's Signature

Recommends to: (circle one)

Authorize Deny

_____
Receiving Administrator's Signature

Recommend: (circle one)

Authorize Deny

DISTRICT OFFICE USE ONLY:
Charge Account Code:
FUND: _____
Rate of Pay Per Hour $ _____
No. Days Per Year _____
Hours Per Day _____
Hours Per Week _____
Salary Schedule:
Lane _____ Step _____ Salary _____
Monthly Salary _____
Payment Begins: _____
Payment Ends: _____
Approved by: _____
District Administration
Date: _____