

OFFICE OF CERTIFIED PERSONNEL
TEACHER REQUEST FOR TRANSFER FORM
(CERTIFIED TEACHERS ONLY)

DATE _____

NAME _____ SS# _____

ADDRESS _____ HOME PHONE # _____

CITY _____ ZIP _____ CELL # _____

AREAS OF CERTIFICATION AS LISTED ON LOUISIANA TEACHING CERTIFICATE

_____	_____
_____	_____
_____	_____

PRESENT SCHOOL ASSIGNMENT _____

PRESENT TEACHING ASSIGNMENT _____
GRADE SUBJECT AREA

EXPERIENCE: CADD0 _____ OTHER _____
(Include this year).

SCHOOL PREFERENCE _____
-See Policy GCI-R, II, B

TEACHING PREFERENCE _____

My signature indicates that I have read and understand the transfer request policy including timelines and personal responsibility. I further understand that it is my responsibility to forward this form to the Office of Certified Personnel **on or before March 1, 2012.**

Signature Date

My signature indicates that I am aware of the above teacher's request to transfer. I understand no action is expected or required on my part.

Principal's Signature Date

All transfer request forms must be returned to Jan Holliday, Director of Certified Personnel, by March 1, 2012. All forms received after March 1, 2012 will be returned to the applicant.