

FREDERICKSBURG INDEPENDENT SCHOOL DISTRICT

234 Friendship Lane
Fredericksburg, Texas 78624

Department of Human Resources

Phone: (830) 997-9551 FAX: (830) 997-6164

REQUEST FOR TRANSFER

This form should be completed and submitted to the personnel office when an employee is requesting a transfer or change of assignment. This is a request for transfer and the decision of whether to grant the transfer will be made by the supervisor of the opening. Copies will be forwarded to current supervisor, supervisor in requested areas, and Superintendent.

NAME _____

ADDRESS _____ PHONE _____

NOW EMPLOYED AT _____ SCHOOL. GRADE/SUBJECT/DEPT _____

I REQUEST A TRANSFER OR CHANGE OF ASSIGNMENT AS INDICATED BELOW:

THIS REQUEST IS VALID FOR 60 DAYS (can be renewed by phone)

BUILDING/DEPARTMENT

GRADE/SUBJECT/DEPARTMENT

First Choice _____

Second Choice _____

Third Choice _____

REASON: _____

DATE: _____

Signature: _____

Date Received & Forwarded

Personnel Office

Request renewed by phone on: _____

Signature of personnel taking request

Date forwarded