



## APPLICATION FOR TRANSFER

### Human Resources

Administrator
  Teacher
  Classified
  Hourly

|  |                                   |
|--|-----------------------------------|
| Name _____                                   | Date _____                        |
| First Middle Last                            |                                   |
| Employee ID _____                            | Telephone # _____                 |
|  | Home Work                         |
| Present Job Title/School or Department _____ |                                   |
| Teachers provide Grade and School            |                                   |
| Address _____                                | Zip Code _____                    |
| Reason for Requesting a Transfer _____       |                                   |
|  |                                   |
| Position Preferred _____                     | Location Preferred _____          |
| Teachers –Provide Grade & Subject            | Teachers –Provide Grade & Subject |

|   |
|---|
| Field(s) of Certification _____   |
| Certificate # _____ Highest Degree Earned _____                                 |
| Brief description of previous experience relevant to position of interest _____ |
|   |

|   |                    |                |                |
|---|--------------------|----------------|----------------|
| Do you have relatives currently employed in the School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete |                    |                |                |
| Name _____  | Relationship _____ | Position _____ | Location _____ |

| For Teachers Only   |           |  |                            |  |           |
|---|-----------|--|----------------------------|--|-----------|
| Extra Curricular activities: Check activities you are willing to coordinate/sponsor and give years of experience. |           |  |                            |  |           |
| Extra Curricular Activity   | Years Exp | Extra Curricular Activity              | Years Exp                  | Extra Curricular Activity                  | Years Exp |
| <input type="checkbox"/> Yearbook   | _ _       | <input type="checkbox"/> Baseball      | _ _                        | <input type="checkbox"/> Volleyball        | _ _       |
| <input type="checkbox"/> Newspaper  | _ _       | <input type="checkbox"/> Softball      | _ _                        | <input type="checkbox"/> Soccer            | _ _       |
| <input type="checkbox"/> Literary Magazine  | _ _       | <input type="checkbox"/> Track         | _ _                        | <input type="checkbox"/> Athletic Director | _ _       |
| <input type="checkbox"/> Student Gov't  | _ _       | <input type="checkbox"/> Cross Country | _ _                        | <input type="checkbox"/> Athletic Trainer  | _ _       |
| <input type="checkbox"/> Drama  | _ _       | <input type="checkbox"/> Wrestling     | _ _                        | <input type="checkbox"/> Cheerleader       | _ _       |
| <input type="checkbox"/> Football   | _ _       | <input type="checkbox"/> Golf          | _ _                        | <input type="checkbox"/> Debate            | _ _       |
| <input type="checkbox"/> Basketball   | _ _       | <input type="checkbox"/> Tennis        | _ _                        | <input type="checkbox"/> Clubs/Other       | _ _       |
| Employee Signature _____  |           |  | Supervisor Signature _____ |  |           |



## TRANSFER EVALUATION OR EXCESS EVALUATION Human Resources

Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Certification: \_\_\_\_\_ Contract Level: \_\_\_\_\_

Record in the boxes below your evaluation of this employee's current performance

|   | Exemplary | Proficient | Needs Improvement | Unsatisfactory |
|---|-----------|------------|-------------------|----------------|
| <b>Performance Standards</b>                                      |           |            |                   |                |
| Knowledge of Curriculum, Subject Content, and Developmental Needs |           |            |                   |                |
| Instructional Planning  |           |            |                   |                |
| Instructional Delivery  |           |            |                   |                |
| Assessment  |           |            |                   |                |
| Learning Environment  |           |            |                   |                |
| Communication   |           |            |                   |                |
| Professionalism   |           |            |                   |                |
| Student Achievement   |           |            |                   |                |
|   |           |            |                   |                |
| Attendance  |           |            |                   |                |
| Teamwork  |           |            |                   |                |
| Initiative  |           |            |                   |                |

An employee cannot be considered for transfer having scored two or more Needs Improvement Ratings or one Unsatisfactory Rating or if the employee has been on an improvement plan during the current or previous school year.

Comments: \_\_\_\_\_

The most recent PAS-T Summative Performance Report may be considered in determining if a teacher qualifies for a transfer.

\_\_\_\_\_  
Signature of Employee\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal or Dept. Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assistant Superintendent\*\*

\_\_\_\_\_  
Date

\*\*Only in the case of an employee being excessed

**\*Employee's signature above indicates that a conference has been held and that the employee has seen, but does not necessarily concur with, this evaluation.**

ROUTING: Principal → Assistant Superintendent\*\* → Human Resources  
 Accompanied by the Application for Transfer