

SUMTER COUNTY SCHOOLS

EMPLOYEE TRANSFER REQUEST

I request a transfer from my present employment.

Name: _____ Employee I.D. #: _____

Address: _____ City: _____ Zip: _____

PRESENT POSITION:

Position # / Job Title #: _____ / _____

I now work _____ hours per day.

School/Work Center: _____ Grade Level/Subject: _____

REQUESTED POSITION:

Position # / Job Title #: _____ / _____

This position has _____ work hours per day. (Funding Source Code): _____

School/Work Center: _____ Grade Level/Subject: _____

REASON FOR REQUEST:

EMPLOYEE'S SIGNATURE:

I understand that if a transfer is possible I will be given every consideration.

Employee's Signature

Date

SUPERVISOR'S APPROVAL:

EFFECTIVE DATE OF TRANSFER: _____

Verify that the information above is correct, sign, & date

Verify that the information above is correct, sign & date

Receiving Supervisor's Signature

Date

Current Supervisor's Signature

Date

DISTRICT USE ONLY:

(Dates) Rec'd Per. Off.: _____ Board Approval: _____

☐ **NEW POSITION**

Job Code #: _____ Board Denial: _____

☐ **REPLACEMENT VACANCY**

Replacing: _____